

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1031289

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #: 4058				API No. #8 - 15-135-24799-00-00									
Name: American Warrior, Inc.				Spot Description: NW _SE_NE_SW _Sec. 12 _ Twp. 20 _ S. R21									
Address 1: PO Box 399													
Address 2:													
City: GARDEN CITY State: KS zip: 67846 + Contact Person: Scott Corsair Phone: (785) 398-2270 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)													
							Date Well (Completed: <u>08/28</u>	8/2008				
							The plugging proposal was approved on: 08/28/2008 (Date) by: Steve Durant (KCC District Agent's Name)						
										Depth to Top: T.D			
							Depth to Top: Bottom: T.D.				Plugging Completed: 08/28/2008		
				Depth to Top: Bottom: T.D									
				Show depth and thickness of a	all water, oil and gas forma	tions.							
				Oil, Gas or Water Records			Casing R	ing Record (Surface, Conductor & Production)					
Formation	Content	Casing	Size		Setting Depth	Pulled Out							
Mississippian	water	Surface	8.625		220	0							
				and the second s									
Rotary pulled drill pig as a balanced plug.	ed, state the character of pe to 1500' and A Pulled drill pipe to	same depth placed from (both llied Cementing mix o 600' and Allied Ce	tom), to (t ced and mentin	op) for each d pumpe ng mixec	ed 50 sacks of and pumped	f 60/40 poz 4% gel cement 70 sacks of 60/40 poz 4%							
4% gel as a balance poz 4% gel as a balamixed and pumped	ed plug. Pulled dri anced plug. Allied 10 sacks of 60/40	I pipe to 60' and Alli mixed and pumped	ied Ce I 15 sa	menting acks of 6 hole. We	mixed and pu 60/40 poz 4% g ell plugged.	ped 50 sacks of 60/40 poz umped 20 sacks of 60/40 gel down rathole. Allied							
Plugging Contractor License #: 5822			Name: _										
Address 1: 200 W DOL	JGLAS AVE STE 5	520	Address	2:									
City: WICHITA				State: KS Zip: 67202 + 3005									
Phone: (316) 263-66	88												
Name of Party Responsible fo	r Plugging Fees: <u>Amel</u>	ican Warrior, Inc.											
State of Kansas	County, _	Ness		_ , ss.									
Scott Corsair (Print Name)				Employee of Operator or Operator on above-described well,									
being first duly sworn on oath, the same are true and correct,	says: That I have knowled	ge of the facts statements, ar	nd matter	s herein con	stained, and the log o	of the above-described well is as filed, and SEP 1.5.2009							

Submitted Electronically

KCC WICHITA

ON