

OCT 06 2009

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1

March 2009

This Form must be Typed
Form must be Signed
All blanks must be Filled

CONSERVATION DIVISION
WICHITA, KS

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

OPERATOR: License #: 4058
Name: American Warrior, Inc.
Address 1: P.O. Box 399
Address 2: _____
City: Garden City State: KS Zip: 67846 + 0399
Contact Person: Cecil O'Brate
Phone: (620) 275-2963

API No. 15 - 009-25324-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
SE. NW. SE Sec. 27 Twp. 19 S. R. 11 ☐ East ☒ West
2,018 Feet from ☐ North / ☒ South Line of Section
2,268 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☒ SE ☐ SW
County: Barton County, Kansas
Lease Name: LEROY Well #: 5-27

Check One: ☐ Oil Well ☐ Gas Well ☐ OG ☒ D&A ☐ Cathodic ☐ Water Supply Well ☐ Other: _____
☐ SWD Permit #: _____ ☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8-5/8" Set at: 310' Cemented with: 300 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1772' (☒ G.L. / ☐ K.B.) T.D.: 3428' PBTD: MA Anhydrite Depth: 532-546'
(Stone Corral Formation)
Condition of Well: ☒ Good ☐ Poor ☐ Junk in Hole ☐ Casing Leak at: _____
(Interval)
Proposed Method of Plugging (attach a separate page if additional space is needed):

Is Well Log attached to this application? ☒ Yes ☐ No Is ACO-1 filed? ☒ Yes ☐ No
If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: American Warrior, Inc.
Address: P.O. Box 399 City: Garden City State: KS Zip: 67846 + _____
Phone: (620) 275-2963
Plugging Contractor License #: 32382 Name: Swift Services, Inc.
Address 1: P.O. Box 466 Address 2: _____
City: Ness City State: KS Zip: 67560 + _____
Phone: (785) 798-2300

Proposed Date of Plugging (if known): 07-02-09

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 7-2-09 Authorized Operator / Agent: _____
(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

*Well Plugged - KCC PKT

Dist 4
PKT