

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION**
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 4058
Name: American Warrior INC
Address 1: P.O.Box 399
Address 2: _____
City: Garden City State: Ks. Zip: 67846 + _____
Contact Person: Kevin Wiles SR
Phone: (620) 275-2963

API No. ~~45~~ 15-025-20,259 - 00 - 01
If pre 1967, supply original completion date: 5-11-1979
Spot Description: N&NW-NW
SURF NW-NW Sec. 29 Twp. 31 S. R. 21 East West
4770 4825 Feet from North / South Line of Section
4580 4590 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Clark KACPT
Lease Name: Moore ~~Moore~~ Well #: 2-29

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____

GWD Permit #: E-20779 ~~E-20779~~ ENHR Permit #: E-20779 Gas Storage Permit #: _____

Conductor Casing Size: E20779 Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8-5/8" Set at: 598' Cemented with: NA Sacks
Production Casing Size: 5-1/2" Set at: 5274' Cemented with: NA Sacks

List (ALL) Perforations and Bridge Plug Sets:

5126'-5146'

Elevation: 2075 (G.L. / K.B.) T.D.: 5275' P.B.T.D.: 5250' Anhydrite Depth: NA
(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:

RECEIVED
AUG 06 2009
KCC WICHITA

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: Kevin Wiles SR

Address: P.O.Box 399 City: Garden City State: KS Zip: 67846 + _____

Phone: (620) 272-4996 cell

Plugging Contractor License #: 31151 Name: Sargent & Horton Plugging INC

Address 1: RR 1 Box 49BA Address 2: _____

City: Tyrone State: OK Zip: 73951 + 9731

Phone: (580) 651-3005

Proposed Date of Plugging (if known): ASAP 8/11/09 1:50 pm

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

Date: 8-5-09 Authorized Operator / Agent: _____
(Signature)

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

Dist 1
PKT