

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

ORIGINAL

Form CP-1
September 2003
This form must be Typed
Form must be Signed
All blanks must be Filled

API # 15 - 083-21,595 - 0000 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued, indicate original spud or completion date 4-16-09

Well Operator: American Warrior, Inc. KCC License #: 4058
(Owner / Company Name) (Operator's)

Address: P. O. Box 399 City: Garden City

State: Kansas Zip Code: 67846 Contact Phone: (620) 275 - 2963

Lease: Springer Heirs Well #: 3-24 Sec. 24 Twp. 22 S. R. 24 East West

SE - SE - SE Spot Location / QQQQ County: HODGEMAN

400 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)

350 Feet (in exact footage) From East / West (from nearest outside section corner) Line of Section (Not Lease Line)

Check One: Oil Well Gas Well D&A Cathodic Water Supply Well
 SWD Docket # _____ ENHR Docket # _____ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: 8-5/8" Set at: 222 Cemented with: 160 Sacks

Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridgeplug Sets: _____

Elevation: 2353/2361 (G.L. / K.B.) T.D.: 4617' PBDT: N/A Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Casing Leak Junk in Hole

Proposed Method of Plugging (attach a separate page if additional space is needed): Per instructions of the KCC

RECEIVED

SEP 03 2009

Is Well Log attached to this application as required? Yes No Is ACO-1 filed? Yes No

If not explain why? _____

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.

List Name of Company Representative authorized to be in charge of plugging operations: Joe Smith

Phone: (620) 275 - 2963

Address: P.O. Box 399 City / State: Garden City, KS 67846

Plugging Contractor: Allied Cementing Co., Inc. KCC License #: _____
(Company Name) (Contractor's)

Address: P. O. Box 31, Russell, Kansas 67665 Phone: (785)

Proposed Date and Hour of Plugging (if known?): ASAP 4/23/09 8:00 AM

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

Date: 8-31-09 Authorized Operator / Agent: [Signature]
(Signature)

Mail to: KCC - Conservation Division, 730 S. Market - Room 2078, Wichita, Kansas 67202

Well plugged - KCC PKT

DUST / PKT