



KANSAS CORPORATION COMMISSION 1032508
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2009

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

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

OPERATOR: License #: 4058
Name: American Warrior, Inc.
Address 1: PO Box 399
Address 2: _____
City: GARDEN CITY State: KS Zip: 67846 + _____
Contact Person: Kevin Wiles, Sr.
Phone: (620) 275-7461

API No. 15-077-21653-00-00
If pre 1967, supply original completion date: _____
Spot Description: SW NW NW SE
SW NW NW SE Sec. 35 Twp. 33 S. R. 6 East West
2,222 Feet from North / South Line of Section
2,485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Harper
Lease Name: PULLIAM Well #: 2

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: 8.6250 Set at: 251 Cemented with: 300 Sacks
Production Casing Size: N/A Set at: N/A Cemented with: N/A Sacks

List (ALL) Perforations and Bridge Plug Sets:

PerforationTop PerforationBase Formation BridgePlugDepth

Elevation: 1286 (G.L. / K.B.) T.D.: 4545 PBTD: _____ Anhydrite Depth: _____
(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):

As per KCC District 2

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

If ACO-1 not filed, explain why:

RECEIVED
NOV 02 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: Allied Cementing Co., LLC
Address: P.O. Box 31 City: Russell State: KS Zip: 67665 + _____
Phone: (785) 483-2627
Plugging Contractor License #: 99996 Name: ALLIED CEMENT COMPANY
Address 1: 612 N. CLAY AVE Address 2: _____
City: MEDICINE LODGE State: KS Zip: 67104 + _____
Phone: (620) 793-5861

Proposed Date of Plugging (if known): 07/24/2009

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

Submitted Electronically

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

Dist 2
AKG



*Mark Parkinson, Governor
Thomas E. Wright, Chairman
Michael C. Moffet, Commissioner
Joseph F. Harkins, Commissioner*

November 02, 2009

Kevin Wiles, Sr.
American Warrior, Inc.
PO Box 399
GARDEN CITY, KS 67846

Re: Plugging Application
API 15-077-21653-00-00
PULLIAM 2
SE/4 Sec.35-33S-06W
Harper County, Kansas

Dear Kevin Wiles, Sr.:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after May 01, 2010. The CP-1 filing does not bring the above well into compliance with K.A.R 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,
Production Department Supervisor

cc: District 2

(316) 630-4000