

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

Form CP-4  
March 2009  
**Type or Print on this Form  
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 + 0399  
 Contact Person: Cecil O'Brate  
 Phone: (620) 275-9231  
 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)  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_  
 \_\_\_\_\_ Depth to Top: \_\_\_\_\_ Bottom: \_\_\_\_\_ T.D. \_\_\_\_\_

API No. 15 - 083-21658-00-00  
 Spot Description: \_\_\_\_\_  
 NW NE SE NW Sec. 20 Twp. 23 S. R. 24  East  West  
1,610 Feet from  North /  South Line of Section  
2,290 Feet from  East /  West Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
 County: Hodgeman County, Kansas  
 Lease Name: SCHROEDER Well #: 1-20  
 Date Well Completed: \_\_\_\_\_  
 The plugging proposal was approved on: 07-23-10 (Date)  
 by: Jack McClaskey (KCC District Agent's Name)  
 Plugging Commenced: 07-26-10  
 Plugging Completed: 07-26-10

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

1st Plug: 1650' w/50 sacks cement through drillpipe  
 2nd Plug: 810' w/50  
 3rd Plug: 260' w/50  
 Top Plug: 60' w/20 Rathole w/30 Mousehole w/20

**RECEIVED  
AUG 31 2010  
KCC WICHITA**

Plugging Contractor License #: 5929 Name: Duke Drilling Co., Inc.  
 Address 1: P.O. Box 823 Address 2: \_\_\_\_\_  
 City: Great Bend State: Kansas Zip: 67530 + \_\_\_\_\_  
 Phone: (620) 793-8366  
 Name of Party Responsible for Plugging Fees: American Warrior, Inc.  
 State of Kansas County, Finney, ss.  
Gil Linenberger  Employee of Operator or  Operator on above-described well.  
 (Print Name)

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Signature: Gil Linenberger

RECEIVED

AUG 31 2010

Form KSONA-1

July 2010

Form Must Be Typed

Form must be Signed

All blanks must be Filled

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed:  C-1 (Intent)  CB-1 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

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 Fax: (620) 275-5067  
Email Address: kwiles@pmtank.com

Well Location:  
NW NE SE NW Sec. 20 Twp. 23 S. R. 24  East  West  
County: Hodgeman  
Lease Name: Schroeder Well #: 1-20

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Richard W&Robert J Schroeder 50/50  
Address 1: PO Box 623  
Address 2: 22192 NE 219 Rd  
City: Jetmore State: KS Zip: 67854 + \_\_\_\_\_

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

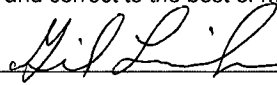
Select one of the following:

I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 8/30/10 Signature of Operator or Agent:  Title: Geologist