KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010
This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

OPERATOR: License #: 4058		API No. 15 - 167-	05904~ <i>0</i> 2	500	
Name: American Warrior INC		If pre 1967, supply or	ginal completior	n date: <u>4-19-56</u>	<u></u>
Address 1: P.O.Box 399		Spot Description:	SE. Sec 30	I-13s-14w	
Address 2:		C NW NW SE S	ec. <u>30</u> Twp. <u>1</u>	13 S. R. 14]East √ West
City: Garden City State: KS	2,310 Feet from North / South Line of Section				
Contact Person: Kevin Wiles SR	·	2,310	Feet from 🗹	East / West I	Line of Section
Phone: (620) 275-2963 EXT 306		Footages Calculated to NE County: Russell Lease Name: Athe	NW SE	E ✓ sw	:r:
Check One: ✓ Oil Well Gas Well OG	G D&A Cathodi	ic Water Supply Well	. Other:	:	
SWD Permit #:	ENHR Permit #:	Ga	is Storage Per	mit #:	
Conductor Casing Size:	Set at:	Cemented w	ith:		Sacks
Surface Casing Size: 8-5/8"	Set at:	Cemented w	ith: 200		Sacks
Production Casing Size: 5-1/2"	Set at:3313	Cemented w	ith: 125		Sacks
List (ALL) Perforations and Bridge Plug Sets: OH 3313-3352					
Condition of Well: Good Poor Junk in Hole Proposed Method of Plugging (attach a separate page if addi As Per District 4 Instructions Is Well Log attached to this application? Yes No. If ACO-1 not filed, explain why:	(fitional space is needed):	Interval)			
Plugging of this Well will be done in accordance with K Company Representative authorized to supervise plugging	operations: Kevin Wiles S	R			
7.001000	City:	Garden City	State: KS	Zip: 67846	-+
Phone: (620) 275-2963					
	Nam	_{e:} Swift Services I	NC	· ·	
	Addre				
			State: KS	Zip: 67560	_+
Phone: (785) 798-2300					
Proposed Date of Plugging (if known): ASAP					
			> //	RECE	EIVED
Payment of the Plugging Fee (K.A.R. 82-3-118) will be g		211/2		/ / / / / / / / / / / / / / / / / / / /	-14
Date: 4-22-11 Authorized Operator / Age	ent:	(Signatu	me)	APR 7	7 2011

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

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.

Well Location: American Warrior INC C NW NW SE Sec.30 Twp. 13 S. R. 14 East West Address 1: P.O.Box 399 Country: Russell Lease Name: Afterton East Well #: 8 Country: Russell Lease Name: Afterton East Well #: 8 Country: Russell Lease Name: Afterton East Well #: 8 Milling a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: Warriace Owner Information: Name: Gerald MAI When filing a Form T-1 involving multiple surface owners, attach an additional sheet Issing all of the information to the leaf for each surface owners. Surface Sec. 2 City: Russell State: KS Zip: 67665 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 owners) 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 1 am filling in connection with his form; it if the form being filled is a Form C-1 or Form CB-1, Form	Select the corresponding form being filed: C-1 (Intent) CB-1 (Intent)	School received and the second and t				
Name: Gerald MAI Address 1: P.O.Box 399 Contact Person: Kevin Wiles SR Contact Person: Kevin Wiles SR Phone: (\$20) 275-2963	OPERATOR: License # 4058					
Address 1: P.O.Box 399 Address 2: Lesse Name: Atherton East Well #: 8 City: Garden City State: KS Zip: 67846 + Willies SR Contact Person: Kevin Wiles SR Fax: (620) 275-5967 Email Address: kwiles@pmtank.com Surface Owner Information: Name: Gerald MAI Address 1: 4232 181st. ST. When filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: When filing a Form T-1 involving multiple surface owners, attach an additional state 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. City: Russell State: KS Zip: 67665 + 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 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 with this form. If the fee is not received with this form, the KSONA-1 form and the ass	Name: American Warrior INC					
Address 2: City Garden City State: KS Zip: 67846						
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Phone: (620		If filing a Form T-1 for multiple wells on a lease, enter the legal description of				
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	If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.				
Date: 4-22-11 Signature of Operator or Agent: Title: Production Supt.	I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.					
	Date: 4-22-11 Signature of Operator or Agent:	Title: Production Supt.				

RECEIVED
APR 2 5 2011



Sam Brownback, Governor, Thomas E. Wright, Chairman Ward Loyd, Commissioner

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

• AMERICAN WARRIOR, INC. 3118 CUMMINGS RD PO BOX 399 GARDEN CITY, KS 67846

May 02, 2011

Re: ATHERTON EAST #8 API 15-167-05904-00-00 3-13S-14W, 2310 FSL 2310 FEL

RUSSELL COUNTY, KANSAS

Dear Operator:

The purpose of this letter is twofold. First, 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.

This letter is also to notify you that during the central office's review of your CP-1 for license number vertication, staff has discovered that you are not the current operator of record of the above well on file with the Conservation Division. Central office staff is therefore requesting that you verify that you are the operator of record of the above well. The proper procedure for verifying operator authority is by filing a Conservation Division form T-1 (Request for Change of Operator; Transfer of Injection or Surface Pit Permit). If a T-1 has already been filed with the Conservation Division reflecting the transfer of operator authority, please disregard this paragraph. If a T-1 has not been filed reflecting the transfer, please see the attached letter, which explains the T-1 filing process.

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. Furthermore, 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 October 29, 2011. 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,

Steve Bond

Production Department Supervisor

Steve Bond

District: #4 2301 E. 13th Hays, KS 67601 (785) 625-0550