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				API No. 15 - 165-21875-00-00				
Name:American Warrior, Inc.				Spot Description:				
Address 1: P.O. Box 399				NW_NE_SW_SW_Sec. 26 Twp. 19 S. R. 16 East West				
Address 2:				1,300 Feet from North / South Line of Section				
City: Garden City State: KS Zip: 67846 + 0399				950 Feet from East / West Line of Section				
Contact Person: Cecil O'Brate				Footages Calculated from Nearest Outside Section Corner:				
Phone: (620_) 275-7461					✓ NE NW SE SW			
Type of Well: (Check one) ☐ Oil Well ☐ Gas Well ☐ OG ✓ D&A ☐ Cathodic				County: _	Rush County,	Kansas		
Water Supply Well Other: SWD Permit #:						Well #:	1-26	
ENHR Permit #: Gas Storage Permit #:				Date Well Completed:				
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugg	ing proposal was app	proved on: <u>03-19-10</u>		
Producing Formation(s): List All (If needed attach another sheet)					by: Eric Maclaren (KCC District Agent's Name)			
Depth to Top: Bottom: T,D.				I Plugging Commenced: U3"4 I=1U				
Depth to Top: Bottom: T.D				I Plugging Completed: U3-22-10				
Depth to Top: Bottom: T.D				-				
Show depth and thickness of	all water oil and gas form	nations		I				
Oil, Gas or Water		lations.	Coning	Constant (Const		uction)		
Formation Content Casing								
	Comon	Casing	Size		Setting Depth	Pulled Out		
			ļ	<u> </u>				
	•							
			<u> </u>					
					,			
Describe in detail the manner cement or other plugs were us 1st Plug: 3686' w/5 2nd Plug: 1050' w/ 3rd Plug: 540' w/5 Top Plug: 60' w/20	50 sacks cemen 50 sacks cemen 50	f same depth placed from (bot	ttom), to	(top) for each	plug set.			
Plugging Contractor License #:								
Address 1: P.O. Box 82	23		Address	2:	***************************************			
				State: Kansas Zip: <u>67530</u> +				
Phone: (620) 793-83	66			_			,	
Name of Party Responsible for		•						
State of KS county, Finney Gil Linenberger (Print Name)				, \$S.				
				Employee of Operator or Operator on above-described well,				
						:		
being first duly sworn on oath, : the same are true and correct,		ige of the facts statements, ar	nd matter	s herein cont	ained, and the log of	the above-described w	ell is as filed, and	
Signature:	oo neighte God.					RE(EIVED	
	Mail to: KCC - Con-	servation Division, 130 S.	Market :	Room 2075	R Wichita Kansas	67202 OCT	2 5 2010	