Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

OPERATOR: License #: 4058

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CP-4 March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

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

| API No. 15 - 083-21, 672 60 00

Name: American Warrior, Inc				Spot Description: SW-NE-NE-SW											
Address 1:P O Box 399				SW NE NE SW Sec. 3 Twp. 23 S. R. 24 East West											
Address 2:															
								Phone: (620_) _275-2963				✓ NE NW SE SW			
								Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic					County: Hodgeman		
Water Supply Well Other: SWD Permit #:				Lease Name: Sinclair Well #: 2-3											
	_	as Storage Permit #:	_	Date Well	Completed: 40/4	/10									
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.					The plugging proposal was approved on: 10/5/10 (Date) by: Jerry Stapleton (KCC District Agent's Name)										
									Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Commenced: 10/5/10		
Depth to Top: Bottom: T.D				Plugging Completed: 10/5/10											
	то тор	Bottom													
Show depth and thickness of	of all water, oil and gas	formations.													
					Record (Surface, Conductor & Production)										
Formation	Content	Casing	Size		Setting Depth	Pulled Out									
ļ				<del></del>											
		cter of same depth placed from (to 40 sks, 60' 20 sks, F	·			e 20 sks									
						RE	CEIVED								
						UC.	Г 1 3 2010 <								
5000				Dolor I	3.00 0	UC	1 1 3 2010 \								
Plugging Contractor License #: 5929				Duke I	Orilling Co	KCC WICHITA									
Address 1: 100 S Main St				s 2:			WICHIA								
City: _Wichita				State: <u>KS</u>		Zip: 67202	+_3737								
Phone: ( <u>316</u> ) <u>267-</u>	1331			_											
Name of Party Responsible	for Plugging Fees:	American Warrior, Inc													
State of Kansas County, Finney				, ss.											
Gil Linenberger (Print Name)				Employee of Operator or Operator on above-described well,											
being first duly sworn on oa the same are true and corre	th, says: That I have k	nowledge of the facts statements			ntained, and the log o	of the above-described w	ell is as filed, and								
Signature:	home from				·										