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 - 077-21671-00-00				
Name:American Warrior, Inc								
Address 1: P.O. Box 399				NW SE SW NW Sec 29 Twp. 33 S. R. 9 East West				
Address 2:				2,000 Feet from North / South Line of Section				
City: Garden City State: KS Zip: 67846 + 0								
Contact Person: Cecil O'Brate								
Phone: ( 620_ ) _275-9231  Type of Well: (Check one)				NE NW SE SW				
							Water Supply Well Other: SWD Permit #:	
ENHR Permit #: Gas Storage Permit #:				· · · · · · · · · · · · · · · · · · ·				
Is ACO-1 filed? Yes No If not, is well log attached? Yes				Date Well Completed:(Date) The plugging proposal was approved on:(Date)				
Producing Formation(s): L	ist All (If needed attach an	oother sheet)	_			(KCC District Agent's Na		
Depth to Top: Bottom: T.D				Plugging Commenced: 03-28-10				
Depth to Top: Bottom: T.D				Plugging Commenced: 03-28-10  Plugging Completed: 03-28-10				
Dept	th to Top:	Bottom:T.D		Plugging	Completed:00-2	.0-10		
Show depth and thickness	of all water, oil and gas	formations.						
Oil, Gas or W.	âter Records		Casing Re	ecord (Surf	ace, Conductor & Prod	uction)	$\neg$	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	$\dashv$	
İ		Surf	8 5	i/e"	293'		$\dashv$	
				16	213	· · · · · · · · · · · · · · · · · · ·	4	
<u> </u>								
					<del> </del>		$\dashv$	
Describe in detail the mani cement or other plugs were	ner in which the well is p	lugged, indicating where the more of same depth placed from (b	ud fluid was pottom), to (to	placed and	the method or metho	ods used in introducing it into the hole	 >. If	
	•			• •				
		ent through drillpipe						
2nd Plug: 900' w/35 3rd Plug: 347' w/35						RECT.		
<b>~</b>						RECEIVED		
Top Plug: 60' w/25 Rathole w/15 Mousehole w/10						DEC 1 6 2010		
						2010		
						KCC Michigan		
5929				KCC WICHITA				
Plugging Contractor License #:5929`				Name:				
Address 1: P.O. Box	823	· · · · · · · · · · · · · · · · · · ·	_ Address 2					
city: Great Bend							_	
Phone: ( <u>620</u> ) <u>793-</u>	8366						4	
Name of Party Responsible	for Plugging Fees: An	nerican Warrior, Inc.	<u>.</u>		<del></del> .		_<	
State of County,				, SS.				
				☐ Emr	Novee of Operator or	Operator on above-described w	-11	
	(Print Name	•					•	
		wledge of the facts statements,	and matters	herein con	tained, and the log of	the above-described well is as filed, a	ind	
he same are true and corre	ct, so help me God.							
Signature:								
					<del></del>		_	