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

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

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			-		
Address 1: P.O.Box 399		Feet from 📝 North / South Line of Section			
Address 2:					
City: Garden City State: KS zip: 67846 +		Footages Calculated from Nearest Outside Section Corner: NE NW SE SW			
Contact Person: Kevin Wiles					
Phone: (620) 275-2963					
Type of Well: (Check one) Gas Well	County:				
Water Supply Well Other:		l nase Nas		Well #: 3	
ENHR Permit #: Gas Stor	Date Well Completed. TOTT 2000				
Is ACO-1 filed? Yes No If not, is well		70 595		oved on: 12/21/2009 (Date)	
Producing Formation(s): List All (If needed attach another :	•	by: Lin	Reimer	(KCC District Agent's Name)	
Depth to Top: 5093	I Plugging Commenced: IZ/Z I/ZUV3				
Depth to Top: <u>5106</u> Botton Depth to Top: <u>5114</u> Botton	I Physica Completed: 17/23/2009				
Depth to lop: 3114 Botton	m: <u>.5.1.16 </u>				
Show depth and thickness of all water, oil and gas format	tions.	•			
Oil, Gas or Water Records	(Casing Record (Surfa	ce, Conductor & Produ	ction)	
Formation Content	Casing	Size	Setting Depth	Pulled Out	
		8 5/8	630'	None	
		5_1/2	5351	2400	
Describe in detail the manner in which the well is plugge cement or other plugs were used, state the character of see Set bridge plug at 5040', spot 2 sx of tubing in to 1st 990', pump 15 sx ge cement, 4th 60' 20 sx, circulate to see 12/28 - Measure in 40' from surface	name depth placed from (botto on bridge plug with el, 50 sx 60/40 poz urface.	om), to (top) for each dump bailer 4%, 2nd 660	plug set. , lay down 24i ' 50 sx cemer	00' of 5 1/2 casing, run	
		-		JAN 0 8 201	
Plugging Contractor License #: 5105	N	lame: Clarke	Corporation	KCC WICHI	
Address 1: 107 W. Fowler		Address 2: P.O.	Box 187	·	
City: Medicine Lodge		State: Ka	nsas	z _{ip;} <u>67104</u> +	
Phone: (620) 886-5665					
Name of Party Responsible for Plugging Fees: <u>Ameri</u>	ican Warrior			· · · · · · · · · · · · · · · · · · ·	
tate of Kansas County, Barber		, ss.			
Mark Morgenstern		Employee of Operator or Operator on above-described well,			
(Print Name) being first duly sworn on oath, says: That I have knowledge	ge of the facts statements, and	d matters herein con	tained, and the log of	the above-described well is as filed, and	
the same are true and correct, so help me God.	<u> </u>				
Signature: Moule 97000	zenster				