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

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

OPERATOR: License #: 4058					. <u>033-21,072</u>		
Name:American Warrior				Spot Description: C-SE-NW			
Address 1: P.O Box 399				<u>C_SE_NW_</u> Sec. <u>17</u> Twp. <u>33</u> S. R. <u>18</u> ☐ East ✓ West			
Address 2:				Feet from 📝 North / 🗌 South Line of Section			
City: Garden City State: KS zip: 67846 +							
Contact Person: Kevin Wiles				Footages Calculated from Nearest Outside Section Corner:			
Phone: (620) 275-2963				✓ NE NW SE SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				county: Comanche			
Water Supply Well Other: SWD Permit #:				•		'Well #: 1-17	
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: <u>4/24/2000</u>			
Is ACO-1 filed? Yes V No If not, is well log attached? Yes V No				The plugging proposal was approved on: 12/23/2009 (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by: Jerry Stapleton (KCC District Agent's Name)			
Depth to Top: 5882 Bottom: 5896 T.D. 6272				Plugging Commenced: 12/28/2009			
Depth to Top: Bottom: T.D				Plugging Completed: 12/30/2009			
Depth to Top: Bottom: T.D							
Show depth and thickness of	all water, oil and gas forma	ations.				-	
Oil, Gas or Water Records Casing R					Record (Surface, Conductor & Production)		
Formation	Content	Casing	Size 5 1/2		Setting Depth	Pulled Out	
		Production			6055	2500	
		Surface	8 5/8		620	None	
<u>.</u>			<u> </u>				
-	e plug at 5830', s in to 1st 1050', p 60' 20 sx, circula	spot 2 sx on bridge ump 15 sx gel, 50 ite to surface.	plug	with du	mp bailer, lay	down 2500' of 5 1/2 ' 50 sx cement, 3rd 300'	
·						RECEIVED	
	,					JAN 08 2010	
Plugging Contractor License #: Name				Clarke Corporation KCC WICHITA			
Address 1: 107 W. Fowler Address				2: <u>P.O.</u>	Box 187		
City: Medicine Lodge				State: Ka	nsas	zip: <u>67104</u> +	
Phone: (620) 886-56	65			<u>-</u>		_	
Name of Party Responsible for	r Plugging Fees: Amer	ican Warrior			 		
State of Kansas County, Barber				_ , ss.			
Mark Morgenstern (Print Name)				_ 🚺 Emp	oloyee of Operator or	Operator on above-described well,	
		ge of the facts statements, an	d matter	s 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.	+-					
Signature:	7 rouk 7n	ergender					