

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 Name: American Warrior Address 1: P.O. Box 399 Address 2: City: Garden City State: KS Zip: 67846 Contact Person: Kevin Wiles Phone: (620) 275-2963 Ext 306 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: 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: 4481 Bottom: 4484 T.D. 4975 Depth to Top: 4492 Bottom: 4496 T.D. Depth to Top: 4538 Bottom: 4564 T.D.

API No. 15 - 191-22-486 00 00 Spot Description: SW - SE, NW Sec. 31 Twp. 34 S. R. 3 East West 2,310 Feet from North / South Line of Section 1,750 Feet from East / West Line of Section Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Sumner Lease Name: Meyer Well #: 1-31 Date Well Completed: 10/22/2006 The plugging proposal was approved on: 7/13/2011 (Date) by: Shane Jones (KCC District Agent's Name) Plugging Commenced: 7/19/2011 Plugging Completed: 7/27/2011

Show depth and thickness of all water, oil and gas formations.

Table with 6 columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface, Conductor & Production) (Casing, Size, Setting Depth, Pulled Out). Rows include Surface casing (8 5/8 size, 260 depth) and Production casing (5 1/2 size, 4968 depth, 2700 pulled out).

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Set CIBP at 4430, spot 4sx cement on bridge plug with dump bailer, lay down casing, run tubing to 1st 750', pump 35sx 60/40 4% gel, 3% C.C., 2nd 500', pump 35sx 60/40 POZ 4% gel, 3% C.C., 3rd 310' circulate 90sx 60/40 4% gel 3% C.C. to surface

Plugging Contractor License #: 5105 Name: Clarke Corporation Address 1: 107 W. Fowler Address 2: P.O. Box 187 City: Medicine Lodge State: KS Zip: 67104 Phone: (620) 886-5665 Name of Party Responsible for Plugging Fees: American Warrior State of Kansas County, Barber ss. Mark Morgenstern (Print Name) Employee of Operator or Operator on above-described well

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Signature: Mark Morgenstern

RECEIVED AUG 09 2011

KCC WICHITA