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

IMISSION Form CP-4
March 2009
IVISION 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				API No. 15 - 191-22-486 · 60 · 66			
Name:American Warrior				Spot Description:			
Address 1: P.O. Box 399				<u>SW .SE .NW.</u> Sec. <u>31</u> Twp. <u>34</u> S. R. <u>3</u> East ✓ West			
Address 2:				2,310 Feet from North / South Line of Section			
city: Garden City State: KS Zip: 67846 +				1,750 Feet from East / West Line of Section			
Contact Person: _Kevin_Wiles				Footages Calculated from Nearest Outside Section Corner:			
Phone: (620_) _275-2963_Ext306				□ NE ✓ NW □ SE □ SW			
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic				County: Sumner			
Water Supply Well Other: SWD Permit #:				Lease Name: Meyer Well #: 1-31			
ENHR Permit #: Gas Storage Permit #:				Date Well Completed: 10/22/2006			
Is ACO-1 filed? Yes No If not, is well log attached? Yes No				The plugging proposal was approved on: 7/13/2011 (Date)			
Producing Formation(s): List All (If needed attach another sheet)				by: Shane Jones (KCC District Agent's Name)			
Depth to Top: <u>4481</u> Bottom: <u>4484</u> T.D. <u>4975</u>				Plugging Commenced: 7/19/2011			
Depth to Top: <u>4492</u> Bottom: <u>4496</u> T.D				Plugging Completed: 7/27/2011			
Depth to Top: 4538 Bottom: 4564 T.D							
Show depth and thickness of	all water, oil and gas form	ations.					
Oil, Gas or Water Records Ca				ng Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
		Surface	8 5/8	ł	260	None	
		Donation time	5 1/2		4000	0700	
		Production			4968	2700	

			İ				
Set CIBP at 4430,	spot 4sx cemen 60/40 4% gel, 3%	ն C.C., 2nd 500 <mark>'</mark> , pւ	h du	mp baile	r, lay down ca	el, 3% C.C., 3rd 310'	
						RECEIVED	
						AUG 0 81 2011	
Plugging Contractor License #: 5105				Name: Clarke Corporation KCC WICHITA			
Address 1: 107 W. Fowler				s 2: <u>P.O.</u>	Box 187		
City: _Medicine Lodge				_ State: <u>KS</u>	3	z _{ip:} <u>67104</u> +	
Phone: (620) <u>886-5</u> 6	665			.			
Name of Party Responsible for	or Plugging Fees: <u>Ame</u>	rican 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 knowled	dge of the facts statements, an	d matte	rs 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:	Mugenston.						