

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: 4390 Bottom: 4394 T.D. _____
_____ Depth to Top: 4400 Bottom: 4404 T.D. _____
_____ Depth to Top: 4482 Bottom: 4496 T.D. 4810 B.P.
4536 4828

API No. 15 - 191-22-483-00-00
Spot Description: _____
SE SE NE SE Sec. 31 Twp. 34 S. R. 3 East West
1,630 Feet from North / South Line of Section
70 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sumner
Lease Name: Willey Well #: 1-31
Date Well Completed: 9/25/2006
The plugging proposal was approved on: 7/13/2011 (Date)
by: Shane Jones (KCC District Agent's Name)
Plugging Commenced: 7/13/2011
Plugging Completed: 7/19/2011

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		Surface	8 5/8	265	None
		Production	5 1/2	4945	2200

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 4330, spot 4sx cement on bridge plug with dump bailer, lay down casing, run tubing to 1st 750', pump 35sx common class a 3% C.C., 2nd 500', pump 35sx common class a 3% C.C. cement, 3rd 310' circulate 90sx 60/40 4% gel to surface

RECEIVED
AUG 08 2011

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 Employee of Operator or Operator on above-described well,
(Print Name)

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

AK