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 #:			API No. 15 - 191-22-488 · • • • •		
Name:American Warrior			Spot Description: NE section		
Address 1:P.O. Box 399			SE NU NWNE Sec. 11 Twp. 35 S. R. 1 East West		
Address 2:			420 Feet from North / South Line of Section		
City; Garden City State: KS Zip: 67846 +			2,114 Feet from 📝 East / West Line of Section		
Contact Person: _Kevin_Wiles			Footages Calculated from Nearest Outside Section Corner:		
Phone: (620_) _275-2963_ext. 306			✓ 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 #:			ase Nam	e: Strickland	
ENHR Permit #: Gas Storage Permit #:				Completed: 12/06/	
Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet)			The plugging proposal was approved on: 7/28/2011 (Date) by: Patrick Shields (KCC District Agent's Name)		
			Plugging Commenced: 7/28/2011 Plugging Completed: 8/3/2011		
Depth to Top: Bottom:T.D					
Show depth and thickness of all water, oil and gas formations.					
Oil, Gas or Water Records			g Record (Surface, Conductor & Production)		
Formation Content	Casing	Size		Setting Depth	Pulied Out
	Surface	8 5/8		292	None
	Production	5 1/2		4291	2100
	1,10000.01.	<u> </u>		1501	
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 cast iron bridge plug at 3796', spot 4sx cement on bridge plug with dump bailer, lay down casing, run tubing in 1st 350', pump 120sx of 60/40poz 4% gel, circulate to surface					
,					RECEIVED
					AUG 0 81 2011
5405		_	·II (O	A00 0 0 2011
Plugging Contractor License #: 5105		Name:	лагке ч	Corporation	KCC WICHITA
Address 1: 107 W. Fowler		Address 2: _	P.O.	Box 187	
City: _Medicine Lodge			ate: <u>KS</u>		zip: <u>67104</u> +
Phone: (620_) 886-5665					
Name of Party Responsible for Plugging Fees: American Warrior					
State of Kansas County, Barber			SS.		
Mark Morgenstern (Print Name)				loyee 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:					