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				API No. 15 - 083-21755-0000			
Name: American Warrior Inc.				Spot Description:			
Address 1:P,O, Box 399				SE_NE_NW_NW         Sec. 4         Twp. 24         S. R. 21         East ✓ West           400         Feet from ✓ North / South Line of Section           1,096         Feet from East / ✓ West Line of Section			
Address 2:							
City: Garden City State: Ks. Zip: 67846 +							
Contact Person: Jody Smith				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  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				County			
				Lease Name: Burke Well #: 1-4  Date Well Completed:			
							The pluggi
				Producing Formation(s): List All (If needed attach another sheet)			
Depth to Top: Bottom: T.D				Plugging Commenced: 2/19/12			
Depth to Top: Bottom: T.D				- Plugging Completed: 2/19/12			
Depth to Top: Bottom:T.D				-			
Show depth and thickness of a	ll water, oil and gas forma	ations.					
Oil, Gas or Water Records			Casing R	ng Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
}		Surface	85/8		225'	0	
		Juliace	00/0				
cement or other plugs were use  1 st plug at 4160' w 260'w/50sx, Top plu	ed, state the character of 1/50sx cement th	same depth placed from (bott nrough Drill pipe, 2	om), to (t nd pl	ug @ 70	i plug set. 00'w/80sx cen	ds used in introducing it into the hole. If nent, 3 rd plug @	
Plugging Contractor License #: 5929  Address 1: P.O.Box 823							
City: Great bend						•	
Phone: (620 ) 793-8366				State		ειρ. <u>07000</u> +	
Name of Party Responsible for	<del></del>	rican Warrior Inc.					
State of Kansas County, Finney							
Jody Smith  (Print Name)				, ss			
being first duly sworn on oath, sthe same are true and correct,	says: That I have knowled	lge of the facts statements, ar	nd matter	s herein con	itained, and the log of	the above-described well is as filed, and	

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KCC WICHITA