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KCC WICHITA

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

FORM CP-1 (3/92)

15-083-10177-00-02 **WELL PLUGGING APPLICATION FORM**
(PLEASE TYPE FORM and File ONE Copy)

API # Drilled 1961 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR American Warrior INC KCC LICENSE # 4058
(owner/company name) (operator's)

ADDRESS P.O. box 399 CITY Garden City

STATE Kansas ZIP CODE 67846 CONTACT PHONE # 620-275-2963

LEASE ANTRIM A-1 WELL# A-1 SEC. 17 T. 21s R. 22w (East/West)

APP C - NE - NE - SPOT LOCATION/0000 COUNTY Hodgeman

4754 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

980 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A SWD/ENHR WELL DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE 8-5/8" SET AT 271 CEMENTED WITH 200 SACKS

PRODUCTION CASING SIZE 5 1/2" SET AT 4358' CEMENTED WITH 100 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: OH. 4358'-4370'

ELEVATION 2279 KB T.D. 4370 PBD 4370 ANHYDRITE DEPTH NA
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING AS PER DISTRICT ONES INSTRUCTIONS

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? NO IS ACO-1 FILED? YES

If not explain why? No Logs On File

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Kevin Wiles SR PHONE# (620-272-4996)

ADDRESS P.O.Box 399, City/State Garden City KS

PLUGGING CONTRACTOR DS&W Well Service KCC LICENSE # 6901

ADDRESS P.O.Box 231, Claflin KS 67525 PHONE # 620-587-3361
(company name) (contractor's)

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) ASAP

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 7-9-03 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)

11/03

6/04

