

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 30 days from plugging date.

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KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL PLUGGING RECORD K.A.R. 82-3-117

Form CP-4 September 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

Lease Operator: American Warrior Inc.

Address: P.O. Box 399 Garden City Ks. 67846

Phone: (620) 275-2963 Operator License #: 4058

Type of Well: Oil Docket #: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

The plugging proposal was approved on: 11/7/03 (Date)

by: Virgil Clothier (KCC District Agent's Name)

Is ACO-1 filed? [X] Yes [] No If not, is well log attached? [] Yes [] No

Producing Formation(s): List All (if needed attach another sheet)

Arbuckle Depth to Top: 3221' Bottom: 3224' T.D. 3224'

Depth to Top: Bottom: T.D.

Depth to Top: Bottom: T.D.

15-159-35233-00-00 API Number: 15 - Spud 12/31/39

Lease Name: Stout A

Well Number: #3

Spot Location (QQQQ): C - N/2 - SW - NE

1650 Feet from [X] North / [] South Section Line

1980 Feet from [X] East / [] West Section Line

Sec. 6 Twp. 18 S. R. 10 [] East [X] West

County: Rice

Date Well Completed: 4/20/40 - 10/1/1940

Plugging Commenced: 11/8/03

Plugging Completed: 11/8/03

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

Table with 7 columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface Conductor & Production) (From, To, Size, Put In, Pulled Out). Row 1: Arbuckle, Oil, Surface, 250', 8-5/8, 250, 0. Row 2: Surface, 3221', 5-1/2", 3221', 0.

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 feet to feet each set.

Ran tbg to 760'. Pumped 50sx 60/40 poz w/ 4% gel. Pulled tbg. Perf squeeze holes at 300'. Hooked up to 5-1/2 casing and pumped 125sx cement. Shut in pressure 150#. Hooked up to surface. Pressured to 500#. Could not pump in to due to old squeeze at 250'. Hooked up and pumped 10sx down 5-1/2. Shut in at 150#

Name of Plugging Contractor: American Warrior Inc. License #: 4058

Address: P.O. Box 399 Garden City Ks. 67846

Name of Party Responsible for Plugging Fees: American Warrior Inc.

State of Ks. County, Finney, ss.

Kevin Wiles Sr. (Employee 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) [Handwritten Signature] (Address)

SUBSCRIBED and SWORN TO before me this 17th day of November, 2003. Debra Purcell, Notary Public, My Commission Expires: 11/4/07

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

DEBRA J. PURCELL Notary Public - State of Kansas My Appt. Expires 11/4/07

[Handwritten mark]



15-059-35233-00-00

CHARGE TO: *American Warrior*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET
 No 5822

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Hwy 12</i>	WELL/PROJECT NO. <i>A-3</i>	LEASE <i>Stout</i>	COUNTY/PARISH <i>Rice</i>	STATE <i>KS</i>	CITY	DATE <i>11-8-03</i>	OWNER <i>Sane</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <i>Expres</i>	SHIPPED <i>VA05</i>	DELIVERED TO <i>Stapler</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Abandoned</i>	JOB PURPOSE <i>PTA</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE 105		60	mi		2.50	150.00
576					Pump charge		1	EA			550.00
322					60/40 4% oil		185	SKS		5.90	1091.50
581					Back service charge		270				270.00
582					Dumping		692.67		T.M.		588.77

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*
 DATE SIGNED *11-8-03* TIME SIGNED *9:00* A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<i>2650.27</i>
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!