

STATE OF KANSAS
 STATE CORPORATION COMMISSION
 130 S. Market, Room 2078
 Wichita, KS 67202

WELL PLUGGING RECORD
 K.A.R.-82-3-117

API NUMBER 15-153-20,467-00-00

LEASE NAME Vap.

WELL NUMBER #4

1320 Ft. from S Section Line

1320 Ft. from E Section Line

SEC. 4 TWP. 1 RGE. 33 (E or W)

COUNTY Rawlins

Date Well Completed unknown

Plugging Commenced 4-1-99

Plugging Completed 4-1-99

TYPE OR PRINT
 NOTICE: Fill out completely
 and return to Cons. Div.
 office within 30 days.

LEASE OPERATOR American Warrior inc

ADDRESS p.o. box 399 Garden City ks. ****x 67846

PHONE# (316) 275-2963 OPERATORS LICENSE NO. 4058

Character of Well oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 3-31-99 (date)

by District #4 (KCC District Agent's Name).

Is ACO-1 filed? yes If not, is well log attached? none on file

Producing Formation kansas city Depth to Top 4052 Bottom 4061 T.D. 4125

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

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
	surface	surface	286	8-5/8	286	none
	production	surface	4123	4 1/2	4123	none

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each set
hook-up to 8-5/8 pump 5sk. pressto 500# wx shut in. hook-up to 4 1/2 csg.
pump 40sk. cem. 5sk. hulls. 125sk. cem. pumping in @400# ST 30 min
pump 40 more sks cem. @400#-Shut in.

Name of Plugging Contractor Swift Services inc. License No. 0023820

Address p.o. box 466 ness city, ks. 67560

STATE CORPORATION COMMISSION
 7-9-99
 JUL - 9 1999

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Warrior inc

STATE OF Kansas COUNTY OF Finney, ss. CONSERVATION DIVISION
 Wichita, Kansas

Kevin Wiles Sr. (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated herein, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [Handwritten Signature]

(Address) p.o. box 399 Garden City, ks. 67846

DEBRA J. PURCELL
 Notary Public - State of Kansas
 My Appt. Expires 11/1/99

SUBSCRIBED AND SWORN TO before me this 8th day of July, 1999
Debra J. Purcell
 Notary Public
 My Commission Expires: JUL 4 1999