

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

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

API NUMBER 15-033-21,026 -00-00

LEASE NAME Barnes

TYPE OR PRINT

NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

WELL NUMBER 1-30

1880 Ft. from N/S Section Line

990 Ft. from E/W Section Line

LEASE OPERATOR American Warrior, Inc.

ADDRESS P.O. Box 399, Garden City, KS 67846

PHONE # 620-275-2963 OPERATOR'S LICENSE NO. 4058

Character of Well OG *KCC BEM 7-30-04*
(Oil, Gas, D&A, SWD, Input, Water Supply Well) *KCC BEM 7-30-04*

The plugging proposal was approved on 5/28/2004 *24 KCC BEM 7-30-04* **RECEIVED JUL 30 2004** (date)

by Mike Meyer *KCC BEM 7-30-04* **KCC WICHITA** (KCC District Agent's Name).

is ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation _____ Depth to Top 5120 Bottom 5123 T. D. 5990

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
				8 5/8	612	None
				5 1/2	5888	3600

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from ___ feet to ___ feet each set.

Set CIBP at 5300, dump 2 sacks portland cement with dump bailer, hole would not load
6/1 - set CIBP at 5050, spot 2 sacks portland with bailer, load casing, stretch and cut 5 1/2 at 3600, pull 5 1/2
6/2 - run 630' 2 3/8", Allied load 15 sacks jell spot 50 sacks cement 250', spot 40 sacks 40' 10 sacks to surface
6/3 - top 67' with sand
(If additional description is necessary, use BACK of this form.)

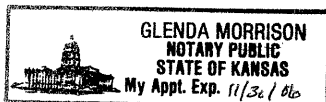
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Warrior, Inc.

STATE OF Kansas COUNTY of Barber, ss.

John Swinford (Employee of Operator) or (Operator) of 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 as filled that the same are true and correct, so help me God.



(Signature) John Swinford
(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 27 day of July 2004

Glenda Morrison
Notary Public

My Commission Expires: November 30, 2006

[Handwritten mark]