

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 15-033-21,247 00-00

LEASE NAME Calvery

TYPE OR PRINT

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

WELL NUMBER 1-12

2164 Ft. from (N) S Section Line

2529 Ft. from (E) W Section Line

KCC
BEM
7-30-04

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 Good Gas KCC 7-30-04 BEM
(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 5/28/2004

by Steve Durant

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

Producing Formation _____ Depth to Top 5656 Bottom 5660 T. D. 5800

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	611	None
				5 1/2	5796	2900

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 5600, dump 2 sacks portland cement with dump bailer

5/27 - stretch and cut 5 1/2 at 2900, lay down 5 1/2

5/28 - run 630' 2 3/8", Allied load with jell spot 50 sacks 300', spot 40 sacks 40' 10 sacks, 60/40 poz, 6% jell

6/1 - top 60' 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

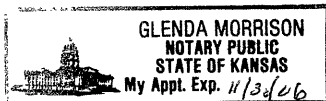
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Warrior, Inc.

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

RECEIVED

JUL 30 2004

KCC WICHITA

My Commission Expires: November 30, 2006

[Handwritten signature]