

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 15-033-20,977-00-00

LEASE NAME Rich

TYPE OR PRINT

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

WELL NUMBER 1-29

950 Ft. from N (S) Section Line

1020 Ft. from E (W) Section Line

LEASE OPERATOR American Warrior, Inc.

SEC. 29 TWP. 32S RGE. 19 (E) or (W)

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

COUNTY Comanche

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

Date Well Completed _____

Character of Well Good

Plugging Commenced 10/20/2004

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

Plugging Completed 10/21/2004

The plugging proposal was approved on 10/21/2004 9-28-04 ^{KCC} ^{scm} ^{11/10/04} ^{CP 2/3} ^{RBDMS} (date)

by Richard Lacy (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top 5770 Bottom 5796 T. D. 5930 ⁶¹²³

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	672	None
				5 1/2	5930	3100

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 5500, 10/21 - dump 2 sacks portland cement on CIBP with dump bailer, stretch and cut pipe at 3100', pull 2100'

10/25 - Allied load hole with 10 sacks jel, 50 sacks cement at 990, pull up spot 50 sacks at 690, pull up spot 40 sacks at 300

pull up load hole with 10 sacks at 40, 60/40 POZ, 6% jel

(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.

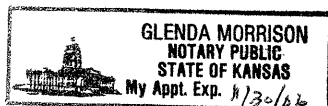
John Swinford (Employee of Operator) or (Operator) of above described well, being

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 5 day of November 2004



Glenda Morrison
Notary Public

My Commission Expires: November 30, 2006

RECEIVED
NOV 09 2004
KCC WICHITA