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

KCC WICHITA

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

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

API NUMBER	15-033-21,103	-00	-00

LEASE NAME Thompson

WELL NUMBER	1-13	
B134	_	_

Ft. from Section Line

Ft. from E/ W Section Line

LEACE ODED ATOD Asserted Marriag Inc.	نافي ا
LEASE OPERATOR American Warrior, Inc. SEC. 13 TWP. 32S RGE. 18 (	E) or ((W)
ADDRESS P.O. Box 399, Garden City, KS 67846 COUNTY Comance	CC C
PHONE # 620-275-2963 OPERATOR'S LICENSE NO. 4058 Date Well Completed 6/46/2000	11/16/04 RBOMS
Character of Well Good Plugging Commenced 10/25/2004	Kours
(Oil, Gas) D&A, SWD, Input, Water Supply Well)	
The plugging proposal was approved on 10/26/2004	(date)
by Mike Maier (KCC District Agent's	. ,
is ACO-1 filed? Yes If not, is well log attached?	,
Producing Formation Depth to Top <u>4934</u> Bottom <u>4953</u> T. D. <del>5161</del> <i>S</i> 80	0
Show depth and thickness of all water, oil and gas formations.  OIL, GAS, OR WATER RECORDS  CASING RECORD	RB,
Formation Content From To Size Put in Pulled out	
8 5/8 641 None	
5 1/2 5161 3150	
10/25 – pull 10310/26 – lay down rods and tubing, set CIBP at 4850, spot 2 sacks portland cement with dump bailer 10/27 – stretch and cut pipe at 515010/28 – lay down 5 ½10/29 – run 2 3/8 tubing to 1100, load with 12 sacks gel 200 hulls, spot 50 sacks cement, pull to 650', spot 50 sacks, pull to 40', load surface with 10 sacks 60/40 POZ, 6 % gel (If additional description is necessary, use BACK of this form.)	
Name of Plugging Contractor <u>Clarke Corporation</u> 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, b	_
first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the described well as filled that the same are true and correct, so help me God.	above-
GLENDA MORRISON NOTARY PUBLIC STATE OF KANSAS  My Appt. Exp. 1/32/CE  (Signature) Sunford  (Address) P.O. Box 187, Medicine Lodge, KS 67104	
SUBSCRIBED AND SWORN TO before me this 12 day of November 2004	
RECEIVED Alexan - Janisen	
Notary Public	
STATE OF KANSAS	

My Commission Expires: November 30, 2006

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