

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 15-033-21,129 -00-00

LEASE NAME York

TYPE OR PRINT

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

WELL NUMBER 1-6

650 Ft. from N / S Section Line

1830 Ft. from E / W Section Line

LEASE OPERATOR American Warrior, Inc.

SEC. 6 TWP. 32S RGE. 17 (E) or (W)

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

COUNTY Comance

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

Date Well Completed 8/22/2000 9/1/2000

Character of Well Good

Plugging Commenced 11/02/04 10/29/2004

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

Plugging Completed 11/2/2004

The plugging proposal was approved on 11/1/2004 9/29/04 (date)

by Jim Holland (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 5120 Bottom 5134 T. D. 5334

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

5350

OIL, GAS, OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				8 5/8	656	None
				5 1/2	5334	3000

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 5050, dump 2 sacks portland cement , swab oil out of casing
11/1 - hole would not load, set CIBP at 4700, load casing with salt water, stretch and cut pipe at 3000'
11/2 - lay down 5 1/2, run tubing to 1100', load hole with 10 sacks gel, spot 50 sacks cement, pull to 700', spot 50 sacks, pull to 300', spot 40 sacks, pull to 40', load with 10 sacks 60/40 poz, 6% gel - 11/4 - top off surface with 3 1/2 yards redi mix
(If additional description is necessary, use BACK of this form.)

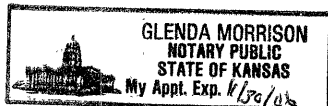
Name of Plugging Contractor Clarke Corporation License No. 5105

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 12 day of November 2004

Glenda Morrison
Notary Public

RECEIVED
NOV 15 2004
KCC WICHITA

My Commission Expires: November 30, 2006

ban