

STATE OF KANSAS  
 STATE CORPORATION COMMISSION  
 130 S. Market, Room 2078  
 Wichita, KS 67202

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

API NUMBER 15-063-20,354-M-00

LEASE NAME Wilson

WELL NUMBER 1

         Ft. from S Section Line

         Ft. from E Section Line

SEC. 15 TWP. 13S RGE. 30W (E) or (W)

COUNTY Gove

Date Well Completed         

Plugging Commenced 3-24-97

Plugging Completed 3-25-97

TYPE OR PRINT  
 NOTICE: Fill out completely  
 and return to Cons. Div.  
 office within 30 days.

LEASE OPERATOR American Warrior, Inc.

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

PHONE (316) 275-2963 OPERATORS LICENSE NO. 4058

Character of Well Oil

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

The plugging proposal was approved on          (date)

by          (KCC District Agent's Name).

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

Producing Formation          Depth to Top          Bottom          4525'

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	251'	none
				5 1/2	4500'	1000'

RECEIVED  
 KANSAS CORP COM  
 APR 11 1997  
 04-04-97

Describe in detail the manner in which the well was plugged, indicating where the mud fluid placed and the method or methods used in introducing it into the hole. If cement or other pl were used, state the character of same and depth placed, from          feet to          feet each s. Sanded off bottom to 3950' & ran 4 sks cement. Shot at 2130', left on tension. Shot at 1475', worked pipe. Shot at 1170', worked pipe. Shot at 1000', worked pipe loose. Pumped 100 sks cem w/500# hulls at 1000'. Pulled to 300', pumped 65 sks cement & circulated to surface. Pulled rest of pipe & topped off. Plugging complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

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

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)  
 above-described well, being first duly sworn on oath, says: That I have knowledge of the fac statements, and matters herein contained and the log of the above-described well as filed t the same are true and correct, so help me God.

(Signature) *Mike Kelso*

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 3rd day of April, 19 97

*Jane Terzberg*  
 Notary Public

My Commission Expires:         

