

LEASE NAME Wassemiller

WELL NUMBER 5
1000 Ft. from S Section Line

3340 Ft. from E Section Line

SEC. 13 TWP. 11S RGE. 34W (X) or (W)

COUNTY Logan

Date Well Completed 8/15/98

Plugging Commenced 10:30AM 8/15/98

Plugging Completed 1:30PM 8/15/98

(date)

(KCC District Agent's Name)

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, Kansas 67846

PHONE# (316) 275-9231 OPERATORS LICENSE NO. 4058

Character of Well D&A

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

The plugging proposal was approved on 8/14/98

by Richard Williams

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

Producing Formation None Depth to Top _____ Bottom _____ T.O. 4737

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
		0	219	8 5/8	219.68	None

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or 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
1st Plug @ 2650'w/25sks 10sks In Mouse Hole Circulated 1st Plug 15 Minutes with 50Vis Mud
2nd Plug @ 1557'w/100sks 15sks In Rat Hole Plugs displaced with mud
3rd Plug @ 269'w/40sks Total 200sks 60/40Poz 6%Gel w/1#FS/sk By Halliburton Services
4th Plug @ 40'w/10sks Completed @ 1:30PM 8/15/98

Name of Plugging Contractor Discovery Drilling, Inc.

License No. 4058

Address P.O. Box 763 Hays, Kansas 67601

RECEIVED
KANSAS CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: AMERICAN WARRIOR, INC.

AUG 19 1999

STATE OF Kansas COUNTY OF Finney, ss.

Kevin Wiles Sr.

above-described well, being first duly sworn on oath, says: That I have knowledge of the facts stated, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) [Signature]

(Address) _____

SUBSCRIBED AND SWORN TO before me this 16th day of August, 19 99

[Signature]
Notary Public

My Commission Expires: 11-4-99

USE ONLY ONE SIDE OF EACH FORM

DEBRA J. PURCELL
Notary Public, State of Kansas
My Appt. Expires 11/4/99