STATE OF KANSAS STATE CORPORATION COMMISSION 200 Colorado Derby Bullding Wichita, Kansas 67202		WELL PLUGGING RECORD K.A.R82-3-117			AP1 NUL	API NUMBER 15-033-21183-0000		
						LEASE NAME Dewall		
	RECEIVED	TYPE OR PRINT			WELL NU	WELL NUMBER 1-28		
:	. MAY U 7 2002 and ret			completely Cons. Div. 30 days.	2526'	Ft. from	S Section Line	
	KCC WICHITA				1366	Ft.\from 8	E Section Line	
LEASE OPERATOR_	American Warrior,	Inc.		· ·			18 (18)	
ADDRESS PO Box	399 Garden City, K	lansas 6784	6-039	19	COUNTY	Comanche		
	<u> 9231 OPERATORS</u>	S LICENSE N	04	058	Date We	II Completed	1-25-01	
Character of Wel	D&A				Pluggin	g Commenced	01-25-01	
	SWD, Input, Water	·			Pluggin	g Completed	01-25-01	
The plugging pro	The plugging proposal was approved on $\frac{1-25-01}{}$ (date)							
by Steve Middl	leton				(KC	· · · · · · · · · · · · · · · · · · ·	gent's Name).	
Is ACO-1 filed? Yes If not, is well log attached? Yes								
						om T,	n. 6107'	
Producing Formation None Depth to Top BottomT.D. 6107* Show depth and thickness of all water, oil and gas formations.								
	OIL, GAS OR WATER RECORDS CASING RECORD							
Formation	Content	From	То	Size	Put in	Pulled out		
				8-5/8"	610'	none		
Describe in deta	II the sames in w							
Describe in detail the manner in which the well was plugged, Indicating where the mud fluid wa placed and the method or methods used in Introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from feet to feet each set 1st Plug: 1000' w/40 sacks cement through drillpipe 2nd Plug: 640' w/50 3rd Plug: 40' w/10 Rathole w/15								
3rd Plug: 40' v	#/10 Kathore w/15	Through C	<u> </u>					
Name of Plugging Contractor <u>Duke Drilling Co., Inc.</u> License No. 5929' Address PO Box 823 Great Bend, Kansas 67530								
				toon W	arrior, Inc	<u> </u>		
	SPONSIBLE FOR PLUG	-			arrior, inc	-	· · ·	
STATE OF Kansas		COUNTY OF F	/ 1 line			,,55.		
aidiaman'i a' dila	ell, being first of matters herein co and correct, so h	ontained and	d The	th, says: log of the	That I have	va knowladaa	r (Operator) o of the facts I as filed tha	
: .			:.	ignature)	() -	2M/		
					Same as i	Above		
SUBSCRIBED AND SWORN TO before me this 10th day of May 192000								
USE ONLY ONE	My Commission Expi E SIDE OF EACH I		MAR	UBLIC State of K	Vansas /	y Public	Form CP-4 Revised 05-88	
e t							CR	