

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 (913) 398-2270 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 T.D. 4344'

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	268'	none
				5 1/2	4341'	3000'

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 4200' & ran 5 sks cement. Shot at 3500', worked pipe. Shot at 3000', worked pipe free. Pulled pipe up to 1390'. Halliburton pumped 50 sks cement @ 1390'. Pulled pipe up to 750', pumped 80 sks cement w/200# hulls. Pulled pipe up to 300', pumped 50 sks cem. Pulled up to 40' & circulated 10 sks cement to surface. Pulled out rest of pipe. Topped off. Plugging complete. 60/40 6%

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 30th day of May, 1997

Irene Herzberg
 Notary Public

My Commission Expires:

