LEASE OPERATOR  ADDEESS  PO Box 399, Gar PHONE # (620 ) 275-2963 Character of well oil  (Oil, Gas, D&A, SWD, input, Water	ON CEIVED NO CONTROL OF A WARRIOR, Inc.  den City, KS 67  OPERATOR	FORS LICENS	-3-117 PRINT t Complet coms. div 30 days.	4058	API NUMBER LEASE NAME WELL NUMB 4296 429 SEC. 3 COUNTY Ba Date Well Cor Plugging Com Plugging Com	ft. from S Section Line  ft. from E Section Line  ft. from E Section Line  RGE. 11 (E) or with  menced menced pleted  10/19/01  10/23/01
The plugging proposal was approved by ### I#ER8 DEWES						, ,
<u> </u>		log attached 2		not availal	ble to us /No	(XCC District Agent's Name).
Producing Formation — KC— Show depth and thickness of all water OIL, GAS OR WATER RECORDS	Dep	th to Top <u>2</u>				
Formation Content		From	То	Size	Put in	Pulled out
		<u> </u>		8 5/8	165	none
	***************************************			5 1/2	3311	1200
Describe in detail the man placed and the method or were used, state the characteristic Drilled w/swivel and water true circulated cement to surface.	methods use acter of same ck to 500, clean	ed in intro and depti ed out to 12	ducing h place	it into ted, from of pipe off.	the hole. Iffeet tofeet tofeet tofeet tofeet 2 jts.	f cement or other plugs tofeet each set Pumped 150 sacks cement,
Name of Plugging Contractor Qua 401 West Main	ity Well Service	e, Inc. 554			License	No. 31925
NAME OF PARTY RESPONSIBLE FO	R PLUGGING FFF	s: Americ	can War	rior Inc.		
STATE OF Kansas			Y OF	Finne	ν	, SS.
	oduction S ng first duly erein containe	Supt! sworn on ed and the	oath, s	says : The	(Employee o at I have	f Operator) or (Operator) of knowledge of the facts
				(Signature)	Samo	As Above
SUBSCRIBED AN	ID SWORN TO bef	fore me	10 H	(Address)  day of	May	20 <u>02</u>
My commissi	on Expires of A	6 MAF	RY L. WA	to of Kansas( ATTS	Notary Public	Form CP-4 Revised 05-88

OK!