

STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

API NUMBER 15-033-21,080-0000 ²¹²⁸⁰⁻⁰⁰⁻⁰⁰

LEASE NAME Myers/Clark Trust

WELL NUMBER #1

1260 Ft. from (N) S Section Line

1960 Ft. from (E) W Section Line

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

RECEIVED
8-26-03
AUG 26 2003
KCC WICHITA

LEASE OPERATOR American Warrior, Inc.

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

PHONE # 620-275-2963 OPERATOR'S LICENSE NO. 4058

Character of Well Good

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

The plugging proposal was approved on 8/19/2003 (date)

by Steve Albright (KCC District Agent's Name).

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

Producing Formation Miss Depth to Top 5158 Bottom 5202 T. D. PBTD 5321

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	630	None
				5 1/2	5351	3400

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

Set CIBP at 5075, dump 2 sacks portland cement with dump bailer, stretch and cut 5 1/2 at 3400, lay down 5 1/2,
5/13/2003 - Allied pump 300 hulls, 10 sacks jel, 50 sacks cement, 10 sacks jel, 100 hulls, 8 5/8 wiper plug and 150 sacks
cement, 60/40 6% jel

(If additional description is necessary, use BACK of this form.)

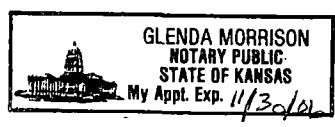
Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

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

STATE OF Kansas COUNTY of Barber, ss.

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



(Signature) [Handwritten Signature]

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 26 day of August 2003

[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2006