STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUG K.A.R.			APT NUM	API NUMBER 15-033-21,239-0000	
130 S. Market, Room 2078	TYPE OR PRINT  NOTICE: Fill out completely and return to Cons. Div. office within 30 days.			LEASE N	LEASE NAMEKerstetter	
Wichita KS 67202 FECENTED					WELL NUMBER 1-36	
MAY 1 A 2002 5-14-02 KCC WICHITA				2001	2001 Ft. from S Section Line	
				<u> </u>	1250 Ft. from E Section Line	
LEASE OPERATOR American Warrior inc					SEC. 36 TWP 318 RGE 20W (E) 3r (W)	
ADDRESS P.O.Box 399, Garden City, Ks 67846					COUNTY Comanche	
PHONE 620 7275-2963 OPERATORS LICENSE NO. 4058				Date We	Date Well Completed $9-6-01$	
Character of Well D/A				Pluggin	Plugging Commenced 9-5-01	
(OII, Gas, D&A, SWD, Input, Water Supply Weil)				Pluggin	Plugging Completed 9-6-01	
The plugging proposal was approved on $9-5-01$ (date)						
by Mike (XCC District Agent's Name).						
Is ACO-1 filed? Tes If	not, is well	log a	ttached?_	Yes	····	
Producing Formation None	Depth	to T	'ap	Bott	т.р. 5370	
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	
	615	0	8-5/8	612,	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 pluggers used, state the character of same and depth placed, from feet to feet each set Cement 60/40, Poz 6%gel, 1st plug @1050 w/50sks,  2nd plug @ 630 w/50 sks, 3rd plug @ 40 w/15sks  15sks in Rat Hole, 10sks In Mouse hole;						
·	· <del>- · · · · · · · · · · · · · · · · · ·</del>					
tame of Plugging Contractor Duke Drig. License No. 5929						
Address 100 main, Suite410 Wichita Ks 67202						
NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Warrior Inc						
STATE OF Kansas	COUNTY OF				_,55.	
Production Supt.					f Operator) or (Operator) o	
ibove-described well, being fir itatements, and matters here the same are true and correct,	n contained a	nd th d.	a log of	the above-		
(Signature) Share						
(Address) Same As Above						
SUBSCRIBED AND SWORN TO before me this Mi day of Drug ,19 2002						
Notary Public, State of Kansas						
My Appt. Expires 1						
(	•		ı		Form CP-4	

Form CP-4 Revised 05-88