

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 15-033-21,015-0000

LEASE NAME L.A. Rich

TYPE OR PRINT

NOTICE: Fill out completely

WELL NUMBER 1-20

and return to Cons. Div.
office within 60 days.

2050 Ft. from (N) S Section Line

1700 Ft. from E (W) Section Line

RECEIVED
5-15-03
MAY 15 2003

KCC WICHITA

LEASE OPERATOR American Warrior, Inc.

SEC. 20 TWP. 32S RGE. 19 (E) or (W)

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

COUNTY Comance

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

Date Well Completed _____

Character of Well Good

Plugging Commenced 5/1/2003

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

Plugging Completed 5/13/2003

The plugging proposal was approved on 5/1/2003 (date)

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

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

Producing Formation Miss Depth to Top 5160 Bottom 5190 T. D. PBTD 5278

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	622	None
				5 1/2	5298	3200

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 4600', dump 2 sacks portland cement with dump bailer, stretch and cut 5 1/2 at 3200, 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

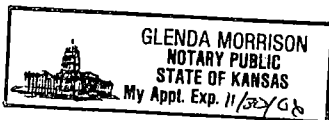
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

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 13 day of May 2003

[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2006

[Handwritten Signature]