

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, 217-0000

LEASE NAME Lake

TYPE OR PRINT

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

WELL NUMBER #5

620 Ft. from (N) S Section Line

1470 Ft. from E / (W) Section Line

LEASE OPERATOR American Warrior

SEC 24 TWP. 32 RGE. 19 (E) or (W)

ADDRESS P.O. Box 399, Garden City, KS 67846-0399

COUNTY Comanche

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

Date Well Completed 5/20/2001

Character of Well Good

Plugging Commenced 5/25/2001

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

Plugging Completed 6/01/2001

The plugging proposal was approved on 5/24/2001 (date)

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

is ACO-1 filed? no If not, is well log attached? yes

Producing Formation Attamott-Hortha Depth to Top 4838 Bottom 4975 T. D. CIBP@5100

Show depth and thickness of all water, oil and gas formations. CIPB@4775

OIL, GAS, OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
				13 3/8	272	None
				8 5/8	607	None
				5 1/2	5860	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 @ 4775, dump 2sx portland cement with dump bailer, stretch and cut pipe at 3200, lay down 5 1/2 casing
Swift pump 300 hulls, 10 jel, 50sx cement, 7 jel, 8 5/8 wiper, 150 sx cement, 60/40, 6% jel

RECEIVED

KANSAS CORPORATION COMMISSION

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

JUN 6 2001

6-6-01

Name of Plugging Contractor Clarke Corporation

License No. 5105

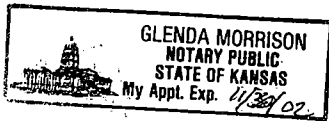
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

CONSERVATION DIVISION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Warrior

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) [Signature]

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

SUBSCRIBED AND SWORN TO before me this 4 day of June

[Signature]
Notary Public

My Commission Expires: 11/30/2002

OR