

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 15-0330003700-01

LEASE NAME Richard Blount

WELL NUMBER 2

600 Ft. from N / S Section Line

600 Ft. from (E) W Section Line

RECEIVED
5-15-03
MAY 15 2003

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

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 5/8/2003 (date)

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

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

Producing Formation Miss Depth to Top 4912 Bottom 5099 T. D. PBTD 5244

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 | 1489 | None |
| | | | | 4 1/2 | 5463 | 3500 |
| | | | | | | |
| | | | | | | |

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 4860', dump 2 sacks portland cement with dump bailer, stretch and cut 4 1/2 at 3500, lay down 4 1/2,
5/13/2003 - Allied pump 300 hulls, 10 sacks jel, 50 sacks cement, 10 sacks jel, 100 hulls, 150 sacks cement, 60/40, 6% jel

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

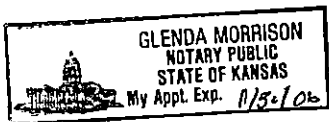
Name of Plugging Contractor Clarke Corporation License No. 5105

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