STATE OF KANSAS STATE CORPORATION COMMISSION

- 12 - 12 - 12

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

15-035-20300-00-00

130 South Market R Wichital Kansas 6720			52 5 111	ΙFΔ	SE NAME M	oore		
	_	TVDC	TYPE OR PRINT					
		NOTICE: Fill out completely			WELL NUMBER 4-29 Docket#20779.2			
			and return to Cons. Div. office within 60 days.			1700 Ft. from N/S Section Line		
					1400 Ft. from E/W Section Line			
LEASE OPERATOR American Warrior					SEC. 29 TWP. 31S RGE. 21 XXXXX (W)			
ADDRESS P.O. Box 399, Garden City, KS 67846					COUNTY Clark			
PHONE# 316 275-2963 OPERATORS LICENSE NO. 4058					Date Well&Completed			
Character of Well <u>qood</u>					Plugging Commenced <u>5-11-00</u>			
(Oil, Gas, D&A, SWD,	Input, Water Supply We	lt)	•	Plug	ging Completed	d <u>5–19–00</u>		
The plugging proposal	. was approved on <u>5</u> _	11-00				(date)		
bySteve Mig						(KCC District Agent's Name).		
	S If not, is well							
<b></b> _								
				<u>61</u>	Bottom <u>51.8</u>	0T.D <u>5330</u>		
Show depth and thickn	ess of all water, oil a	nd gas formations.						
OIL, GAS OR WATER REC	ORDS		CASIN	G_RECORD				
Formation	Content	From	To	Size	Put in	Pulled out		
			-	8 5/8	630	None		
				5 1/2	5356	2740		
ducing it into the hole each set. Sand well bac at 2740, lay	le. If cement or other k to 5070, dump 5	sx portland of 9/00: pump 30	ement with	actor of sam	e and depth p	d and the methods used in intro- laced, fromfeet tofeet tch and cut casing t, 10sx jel, 100 hulls		
	(If addit	ional description	is necessary,	use <u>BACK</u> of	this form.)			
Name of Plugging Contr	ractor <u>Clarke C</u>	orporation				License No. 5105		
Address P.O. Box	187, 107 W. Fowl	er, Medicine	Lodge, KS	67104		(VFA***		
IAME OF PARTY RESPONSI	BLE FOR PLUGGING FEES:	American	Warrior			RECEIVED STATE CORPORATION COMMISS		
TATE OF <u>Kansas</u>	COUNTY OF _	Barber	·	, ss.		MAY 2 5 2000		
Alan Vratil		(Emp	loyee of Opera	itor) or (Ope	erator) of abo	ove described well, being first		
	ys: That I have knowle d that the same are tru			d matters he	erein containe	d and the (69NSERWETIMPDAYISION Wichita, Kansas		
	, GLENDA M		(Signature	, <u>AL</u>	1/2			
	NOTARY STATE OF My Appt. Exp.		(Address)_	Medic	ine Lodge,	KS 67104		
	SUBSCRIBED	AND SWORN TO befor	e me this <u>23</u>	day of _	May	, 192000		
			$\mathcal{A}$	lende.	Marino	×0		
	My Commissi	on Expires: 11	`	Not	ary Public			
						( / 4		