

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 N/A 15-025-20240-000

LEASE NAME Moore

WELL NUMBER 1-20

660 Ft. from N/S Section Line

660 Ft. from E/W Section Line

SEC. 20 TWP. 31S RGE. 21 XXXX (W)

COUNTY Clark

Date Well Completed _____

Plugging Commenced 5/19/00

Plugging Completed 5/19/00

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

LEASE OPERATOR American Warrior

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

PHONE# 316 275-2963 OPERATORS LICENSE NO. 4058

Character of Well Junk In Hole

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

The plugging proposal was approved on 5/17/00 (date)

by Scott Albright (KCC District Agent's Name).

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

Producing Formation Morrow Depth to Top 5162 Bottom 5180 T.D. 5356 PBTB

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	656	None
				4 1/2	5390	None
				2 3/8	3965	None

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.

Work tubing, rig up log tech and run freepoint, tubing stuck at 340', perf hole in 2 3/8 at 3965, swift spot 50sx common with 2%cc at 3965, let set up, load tubing, perf at 1000' and spot 25sx common with 2%cc, perf at 600' and pump 200sxm 60/40 6% jel, pump 40sx common with 2%cc, cement circulate through 8 5/8

(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

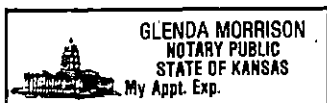
RECEIVED
STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Warrior

MAY 25 2000

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 filed that the same are true and correct, so help me God.



(Signature) [Signature]

(Address) Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 23 day of May, 19 2000

[Signature]
Notary Public

My Commission Expires: 11/30/02

