

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 15-025-20679-0000

LEASE NAME Francis

TYPE OR PRINT

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

WELL NUMBER 3-2 docket#E20779.3

1320 Ft. from N/S Section Line

1250 Ft. from E/W Section Line

LEASE OPERATOR American Warrior Inc.

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

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

COUNTY Clark

PHONE# 316 275-9231 OPERATORS LICENSE NO. 4050 4058

Date Well Completed N/A

Character of Well Junk In Hole

Plugging Commenced 5/9/00

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

Plugging Completed 5/12/00

The plugging proposal was approved on 5/9/00 (date)

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

Is ACO-1 filed? yes If not, is well log attached? \_\_\_\_\_

Producing Formation Morrow Depth to Top 5200 Bottom 5208 T.D. 5380

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	764	None
				5 1/2	5360	1420

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.

Sanded well back to 5100, dump 5sx portland cement with dump bailor, stretch and cut pipe 1420, pulled casing to 814' and loaded hole, pump 10sx jel, 50sx cement, pulled casing to 400', spotted 40sx cement, pulled casing to 40', circulated to surface, 60/40, 6%jel, lay down 40' casing.

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

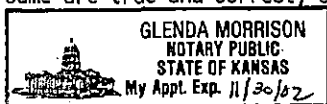
Name of Plugging Contractor Clarke Corporation License No. 5105

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

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: Kevin Wiles, Sr.

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) Alan Vratil

(Address) Medicine Lodge, KS 67104

RECEIVED  
STATE CORPORATION COMMISSION

SUBSCRIBED AND SWORN TO before me this 16 day of May, 16 2000

MAY 17 2000

Glenda Morrison  
Notary Public

CONSERVATION DIVISION  
Wichita, Kansas

My Commission Expires: 11/30/02

