

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-151-21,233-00-00

LEASE NAME Smith Miller

WELL NUMBER 1

3630 N Ft. from S Section Line

2257 E Ft. from E Section Line

SEC. 33 TWP. 26S RGE. 13W (E) or (W)

COUNTY Pratt

Date Well Completed _____

Plugging Commenced 11-06-2000

Plugging Completed 11-06-2000

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR American Warrior, Inc.

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

PHONE (316) 275-2963 OPERATORS LICENSE NO. 4058

Character of Well Oil

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

The plugging proposal was approved on 11-06-2000 (date)

by Steve Pfeifer (KCC District Agent's Name)

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

Producing Formation _____ Depth to Top 3946 Bottom 3950 T.O. 4501

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

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content Surface	From	To	Size	Put in	Pulled out
		-0-	901	8 5/8"	901'	None
	Production	-0-	4500	4 1/2"	4500'	1800.90'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set. Bottom plug, sand & cement 3896'. Allied mixed 10 sacks gel ahead, followed with 50 sacks 60/40 poz 6% @ 930', pulled 4 1/2" to 400' and mixed 40 sacks cement. Pulled to 40' and topped off with 30 sacks cement. Circulated cement to surface. Job started 10:45 a.m. and completed 12:05 p.m.

Name of Plugging Contractor D.S. & W. Well Servicing Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

RECEIVED
STATE CORPORATION COMMISSION

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Warrior, Inc.

STATE OF Kansas COUNTY OF Barton, ss. NOV 20 2000
11-20-00

Joseph F. Strube (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 and the same are true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 14th day of November, 19 2000

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

Form CP-1
BREND A URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001
Issued 05-88