STATE OF KANSAS STATE CORPORATION COMMISSION	WELL PLUG K.A.R.			AP1 NU	AP1 NUMBER 15-083-20,958-0000		
0 S. Narket, Room 2078 chita, KS 67202			LEASE	LEASE NAME Hubin/Wasko			
· · ·	TYPE OR PRINT			WELL N	WELL NUMBER 1		
MOTICE: Fill out completely and return to Cons. Div. office within 30 days.				330	330 Ft. from \$ Section Line		
	GTTICE WIT	נ אומ	u days.	330	Ft. from	W X Section Line	
LEASE OPERATOR American Warrior , Inc.				SEC. 26	TWP 225 RG	23W (E)or(W)	
ADDRESS P.O. Box 399 Garden City, Kansas 67846				COUNTY	Hodgeman	-}	
PHONE (316) 275-2963 OPERATORS LICENSE NO. 4058					eli. Completed		
Character of Well <u>Qil</u>				Pluggi	beanemmon pr	9-8-97	
(OII, Gas, D&A, SWD, Input, Wate	r Supply Well	1)	•	Pluggir	ng Completed	9-9-97	
The plugging proposal was approv	ed on						
YMike Meyeres				(X	(XCC District Agent's Name).		
is ACO-1 filed?if n							
Producing Formation	Dopth	to To	pq	Bot1	romT.	d. 4629'	
Show depth and thickness of all	water, oll an	ıd gas	formati	จกร.			
OIL, GAS OR WATER RECORDS	GAS OR WATER RECORDS CAS				ORD		
Formation Content	From	То	Size	Put In	Pulled out	e news a	
			8-5/8" 4-1/2"	\	None		
			4=1/2"	4628'	10001		
Describe in detail the manner in placed and the method or method were used, state the character Primped plug down to 1260! Shot 340°, primped 50 sks. cement. Pul	s used in intr of same and	roduc d de ed ur pipe	eing it in pth plac to 700', ran 1 jt	nto the ho ed, from pumped 8 hack in	teet to  teet to  sks_cement  and pumped 10  Plugg	t or other place feet each sc. pulled to sacks cementing Complete.	
Name of Plugging Contractor Mi	<u> </u>		-	<u> </u>	License No	31529	
Address P.O. Box 467 NAME OF PARTY RESPONSIBLE FOR PL			sas 6752				
STATE OF Kansas	COUNTY OF			warrior.			
Mike Kelso	_ 000,011 01 _	1/1			,55•	(0	
above-described well, being first statements, and matters herein the same are true and correct, so	contained an	d the	th, says:	That I h	ave knowledge		
2 9-17-97	)		Ignature)	·-	/w ~		
S SUBSCRIBED AND					467 Chase K	* * * * * * * * * * * * * * * * * * *	
		. <		<del></del>	September  September  Public	,19 <u>7 97</u> 	
My Commission E	xpiras:		IRENE HEI State of H My Appt. Exp. A	Kansas	. ′	Form Cr Revised 05~	
and the second second						ا الما الم	