

STATE OF KANSAS
STATE CORPORATION COMMISSION
D. S. Market, Room 2078
Topeka, KS 66620

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

API NUMBER 15-083-21,079-0000

LEASE NAME Scothorn

WELL NUMBER 2

990 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 23 TWP. 22S RGE. 23W (E) or (W)

COUNTY Hodgeman

Date Well Completed _____

Plugging Commenced 9-16-97

Plugging Completed 9-17-97

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

EASE OPERATOR American Warrior, Inc.

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

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

Character of Well Oil

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

The plugging proposal was approved on _____ (date)

by Mike Meyeres (KCC District Agent's Name).

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

Producing Formation _____ Depth to Top _____ Bottom T.D. 4560'

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"	300'	none
				4-1/2"	4559'	none

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 plugging material is used, state the character of same and depth placed, from _____ feet to _____ feet each section. Shot pipe @700', pumped 55 sacks cement down 4-1/2" and 35 sacks down 8-5/8" surface.

Plugging Complete.

Name of Plugging Contractor Mike's Testing & Salvage, Inc. License No. 31529

Address P.O. Box 467 Chase, Kansas 67524

Name of Party Responsible for Plugging Fees: American Warrior, Inc.

STATE OF Kansas COUNTY OF Rice, ss.

Mike Kelso (Employee of Operator) or (Operator)

of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts herein stated, and matters herein contained and the log of the above-described well as filed therewith, and the same are true and correct, so help me God.

(Signature) Mike Kelso

(Address) P. O. Box 467 Chase, KS 67524

SUBSCRIBED AND SWORN TO before me this 23rd day of September, 19 97

Irene Herzberg
Notary Public

My Commission Expires: _____

