

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

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

15-185-11165-00-00

API NUMBER Drilled 1943
LEASE NAME Cora B. Crawford
WELL NUMBER 2
660' Ft. from ~~XX~~ ^{N.} Section Line
510' Ft. from ~~X~~ ^{W.} Section Line
SEC. 7 TWP. 22S RGE. 12W (W) or (W)
COUNTY ~~Staff~~ Stafford

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 (620) 275 2963 OPERATORS LICENSE NO. 4058

Date Well Completed 1943
Plugging Commenced 5 21-03
Plugging Completed 5-21-03

Character of Well oil
(Oil, Gas, O&A, SWD, Input, Water Supply Well)
The plugging proposal was approved on 5-20-03 (date)

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

Is ACC-1 filed? Yes if not, is well log attached? NO Logs On File

Producing Formation Arbuckle Depth to Top 3666 Bottom 3670 T.D. 3670

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

RECEIVED

JUN 13 2003

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
	Surface	289	0	9"	289	None
	Production	3666	0	5 1/2"	3666	None

KCC WICHITA

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 section.

Hook up to 5 1/2" csg. pump 50SKS 60/40 poz w/50#s hull, 6% gel,
& 103 sks 60/40 ~~xxx~~ poz, 6% gel. press to 2100#s. Hook up to Ann. pump
260 sks 60/40 poz 50#s hulls, press to 350#s SI @ 250#s.

Name of Plugging Contractor Allied Cementing Company License No. NA

Address P.O. Box 31, Russell KS 67865

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Warrior INC

STATE OF Kansas COUNTY OF Finney, ss.

Kevin Wiles SR/Production Supt (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) Same AS ABOVE

SUBSCRIBED AND SWORN TO before me this 12th day of June, 19 2003

DEBRA J. PURCELL
Notary Public - State of Kansas
My Appt. Expires 11/10/03

My Commission Expires: 11/14/03
Debra Purcell
Notary Public

Form CP-
Revised 05-8