

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
200 Colorado Derby Building  
Wichita, Kansas 67202

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

15.185.12377.0000

API NUMBER Completed 04-15-61

LEASE NAME Miller

WELL NUMBER 1

330 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 24 TWP. 21 RGE. 12 (E) or (W)

COUNTY Stafford

Date Well Completed 04-15-61

Plugging Commenced 08-06-97

Plugging Completed 08-06-97

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, Kansas 67846

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

Character of Well Oil

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

The plugging proposal was approved on 08-06-97 (date)

by Richard Lacey, District office 1 (KCC District Agent's Name).

Is ACO-1 filled? Yes If not, Is well log attached? No

Producing Formation \_\_\_\_\_ Depth to Top 3336 Bottom 3339 T.D. 3625  
PBDT 3362

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
	Surface		252	8 5/8"	252	0
	Production		3625	5 1/2"	3625	1458

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 and cement 3286', Halliburton mixed 300# hulls, 10 sacks gel and 50 sacks cement-mixed 10 sacks gel and 100# hulls, released top wooden plug, mixed and pumped 100 sacks cement. Max psi 900#, shut in 600#. Time started 11:45 pm, completed 12:45 pm

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

Address P. O. Box 231, Claflin, Kansas 67525

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

STATE OF Kansas COUNTY OF Barton, ss. 8-26-1997

Joseph Strube (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the fact-statement, and matters herein contained and the log of the above-described well as filed the same are true and correct, so help me God.

(Signature) Joseph Strube

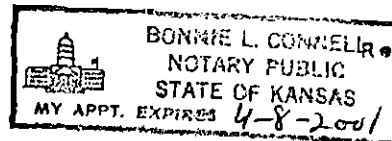
(Address) P. O. Box 231, Claflin, Kansas 67525

SUBSCRIBED AND SWORN TO before me this 22nd day of August, 1997

Bonnie L. Connelley  
Notary Public

My Commission Expires: April 8, 2001

USE ONLY ONE SIDE OF EACH FORM



Form CP-4  
Issd 05-88