

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

K.A.R.-82-3-117

API NUMBER 15-145-21,218:8000

LEASE NAME Jennings

WELL NUMBER 2

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

330 Ft. from S/W Line of Section (circle one)

1320 Ft. from E/W Line of Section (circle one)

LEASE OPERATOR American Warrior, Inc.

ADDRESS P.O. Box 399

CITY, STATE, ZIP Garden City, Ks 67846

PHONE# (913) 398-2270 OPERATORS LICENSE NO. 4058

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

SPOT LOCATION N/2 - N/2 - NW

SEC. 23 TWP. 20 S. RGE 20 (E) or (W)

COUNTY Pawnee

Date Well Completed 7-13-85

Date Plugging Commenced 1-25-96

Date Plugging Completed 1-25-96

The plugging proposal was approved on 1-25-96 (date)

by Duane Rankin (KCC District Agent's Name)

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

Producing Formation(s) Mississippian Depth to Top 4249 Bottom 4328 T.D. 4328

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	PULL OUT
Mississippian	oil/water	4249	4328	8 5/8	531	none
				5 1/2	4327	none

Described 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 plugs were used, state the character of same and depth placed, from feet to feet each set.

Casing bridged at 790'. Shot casing at 765' and pumped in 5 1/2 casing with 10 sks. gel, 60 sks cement (40/60 poz, 6% gel), pulled 5 1/2 casing to 400' and circulated with 90 sks. cement (40/60 poz, 6% gel). Pulled all casing and topped off with 10 sks. cement (40/60 poz, 6% gel).

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Halliburton Energy Services

License No. 5287

Address Hays, Ks 67601

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

STATE OF Kansas COUNTY OF Ness, ss.

Scott Corsair

(Employee of Operator) or (Operator) of above-described well, being fir

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) Scott Corsair

(Address) 210 Avenue A, Bazine, Ks 67516

SUBSCRIBED AND SWORN TO before me this 30th day of January, 1996

Bernice Moore
Notary Public

My Commission Expires: 2/1/98



Form CP-4
Revised 12

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FEB - 2 A 11:31