

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

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

API NUMBER 15-185.01187.0001
02-61

LEASE NAME Mellies SWB

WELL NUMBER 2

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

2970 Ft. from S Section Line

330 Ft. from E Section Line

SEC. 36 TWP. 21 RGE. 12W(E) or (W)

COUNTY Stafford

LEASE OPERATOR American Warrior, Inc.

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

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

Date Well Completed 02-61

Character of Well SWB Docket D-E12920 **INPUT**

Plugging Commenced 08-21-97

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

Plugging Completed 08-21-97

The plugging proposal was approved on 08-21-97 (date)

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

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

Producing Formation _____ Depth to Top 3504 Bottom 3508 T.D. 3629

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		246	8 5/8"	246	0
	Production		3629	5 1/2"	3629	344'

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 08-06-97: Halliburton mixed sand pumped 25 sacks cement, disp with water @ 1500

08-21-97: Dia-Log ran free joint, backed off at 346', cut casing @ 344", Halliburton tied onto

5 1/2", pumped 80 sacks cement down casing, circulated to service, pulled 344' casing. Pumped

170 sacks cement. Max psi 600#, shut in 350#. Time started 09:25 am, completed 11:45 am.

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.

Joseph Strube (Employee of Operator) or (Operator)

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 the same are true and correct, so help me God.

(Signature) Joseph F. Strube

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

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

Bonnie L. Connell
Notary Public

My Commission Expires: April 8, 2001

USE ONLY ONE SIDE OF EACH FORM

