STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

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

API NUMBER 15-033-21,103 ~ 00 ~ 0

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

LEASE NAME Thompson

WELL NUMBER 1-13

Ft. from S Section Line
1372

Ft. from W Section Line
457

SEC 13 TWP 32S RGE 18 (E) or (W)

COUNTY Comanche

Date Well Completed 6/30/2000

Plugging Commenced 10/29/2004

Plugging Completed 10/29/2004

Character of Well Good

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

The plugging proposal was approved on 10/29/2004 (date)

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

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

Producing Formation Depth to Top 4934 Bottom 4953 T. D. 54165800

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

OIL, GAS, OR WATER RECORDS

<table>
<thead>
<tr>
<th>Formation</th>
<th>Content</th>
<th>From</th>
<th>To</th>
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CASING RECORD

<table>
<thead>
<tr>
<th>Size</th>
<th>Put in</th>
<th>Pulled out</th>
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<tbody>
<tr>
<td>8 5/8</td>
<td>641</td>
<td>None</td>
</tr>
<tr>
<td>5 1/2</td>
<td>5161</td>
<td>3150</td>
</tr>
</tbody>
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Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the 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.

10/25 – pull 103…..10/26 – lay down rods and tubing, set CIBP at 4850, spot 2 sacks portland cement with dump bailer
10/27 – stretch and cut pipe at 5150……10/28 – lay down 5 1/2……10/29 – run 2 3/8 tubing to 1100, load with 12 sacks gel
200 hulls, spot 50 sacks cement, pull to 650°, spot 50 sacks, pull to 40°, load surface with 10 sacks 60/40 POZ. 6 % gel

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

Name of Plugging Contractor Clarke Corporation License No. 5105

Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

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

STATE OF Kansas COUNTY of Barber

John Swinford (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 filled that the same are true and correct, so help me God.

(Signature) John Swinford

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 12 day of November 2004

Glenda Morrison Notary Public

My Commission Expires: November 30, 2006

RECEIVED

NOV 15 2004

KCC WICHITA