



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1053426

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Energies Corporation
Well Name	McGuire 2-30
Doc ID	1053426

Tops

Name	Top	Datum
Chase	2002	-132
Onaga Shale	2782	-912
Indian Cave	N/A	
Wabaunsee	2829	-959
Stotler Lime	2977	-1107
Howard	3222	-1352
Topeka	3378	-1508
Heebner	3732	-1862



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Energies
155 N Market STE710
Wichita Ks, 67202
ATTN: Dave

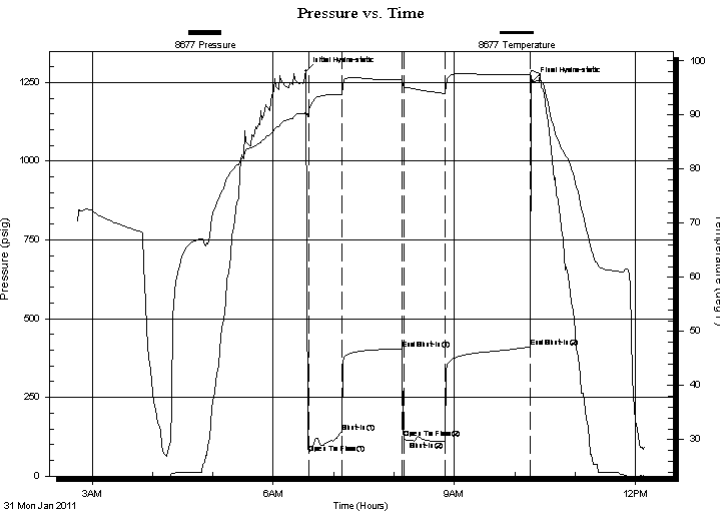
McGuire #2-30
30/29s11w
Job Ticket: 39381 **DST#: 1**
Test Start: 2011.01.31 @ 02:45:30

GENERAL INFORMATION:

Formation: **Indian Cave**
Deviated: No Whipstock: ft (KB) Test Type: Conventional Bottom Hole
Time Tool Opened: 06:35:15 Tester: Mike Slemp
Time Test Ended: 12:09:45 Unit No: 53
Interval: 2760.00 ft (KB) To 2815.00 ft (KB) (TVD) Reference Elevations: 1876.00 ft (KB)
Total Depth: 2815.00 ft (KB) (TVD) 1866.00 ft (CF)
Hole Diameter: 7.78 inches Hole Condition: Good KB to GR/CF: 10.00 ft

Serial #: 8677 Inside
Press @ Run Depth: 110.58 psig @ 2762.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2011.01.31 End Date: 2011.01.31 Last Calib.: 2011.01.31
Start Time: 02:45:31 End Time: 12:09:45 Time On Btm: 2011.01.31 @ 06:32:45
Time Off Btm: 2011.01.31 @ 10:17:45

TEST COMMENT: IF- BOB in 1 min, GTS in 10 min
IS- No blow back
FF- BOB ASAO, GTS ASAO
FS- No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1285.05	90.58	Initial Hydro-static
3	73.26	90.76	Open To Flow (1)
35	139.57	93.73	Shut-In(1)
95	404.29	96.49	End Shut-In(1)
98	121.27	95.15	Open To Flow (2)
138	110.58	94.01	Shut-In(2)
223	410.31	97.53	End Shut-In(2)
225	1252.11	98.26	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
90.00	100% mud	1.26

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
First Gas Rate	0.25	30.00	70.44
Last Gas Rate	0.25	45.00	94.23
Max. Gas Rate	0.25	45.00	94.23



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

FLUID SUMMARY

American Energies

McGuire #2-30

155 N Market STE710
Wichita Ks, 67202

30/29s11w

Job Ticket: 39381

DST#: 1

ATTN: Dave

Test Start: 2011.01.31 @ 02:45:30

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 49.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.98 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
90.00	100% mud	1.262

Total Length: 90.00 ft Total Volume: 1.262 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

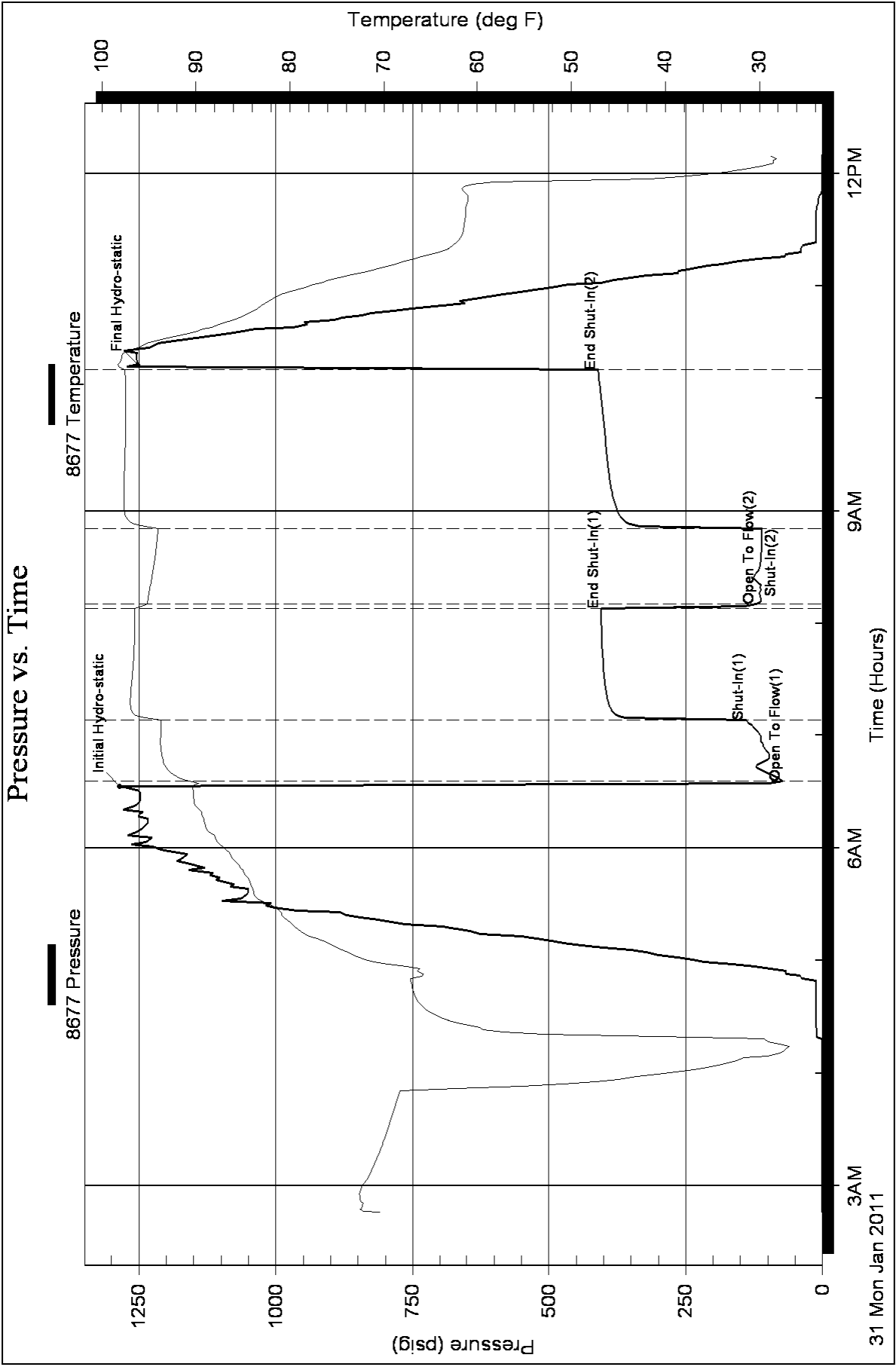
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time



ALLIED CEMENTING CO., LLC. 040623

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

2-4 2-4 2-5 2-5
Medicine Lodge ks

DATE	2-4-2011	SEC.	30	TWP.	29S	RANGE	11w	CALLED OUT	5:00pm	ON LOCATION	7:00pm	JOB START	1:45	JOB FINISH	2:45am
LEASE	McGuire	WELL #	2-30	LOCATION	Swyers ks 6855					COUNTY	Prst	STATE	KS		
OLD OR NEW	(Circle one)														

CONTRACTOR P. Coker 11 #1 OWNER American Energies
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 3934'
 CASING SIZE 4 1/2 DEPTH 3061'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 15'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 47 bbls of freshwater

EQUIPMENT

PUMP TRUCK Cement Dorian F.
 # 360-265 HELPER Jason T.
 BULK TRUCK _____
 # 364 DRIVER Instad T.
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

Pipe on bottom & broke circulation
pump 3 bbls was 8000 psi ASF 3 bbls
water, mix saw for rate mouse holes
mix 1 sec of cement, shut down, wash
pump & lines, Release plug, start displacement,
lift pressure at 25' bbls, slow rate to
3 bpm at 40 bbls, bump plus at 47 1/2
bbls 700-1400 psi, float did hold

CEMENT
 AMOUNT ORDERED 50 se 60:40:40:60
150 se class A ASC + 50 se class
50% FL 160 2125515 ASF
 COMMON A 30 SK @ 15 42 463 20
 POZMIX 20 SK @ 8 160 20
 GEL 2 SK @ 20 41 20
 CHLORIDE _____
 ASC 150 SK @ 18 2790 20
Kel Seal 750 # @ 89 667 50
FL-160 70.5 # @ 13 937 25
WFL-2 500 Gals @ 1.2 635 20

 HANDLING 246 @ 2 40 590 40
 MILEAGE 246/10/20 TOTAL 6777 25

SERVICE
 DEPTH OF JOB 3061'
 PUMP TRUCK CHARGE 2011 20
 EXTRA FOOTAGE _____
 MILEAGE 20 @ 7 140 20
 MANIFOLD _____
Hesdrentel _____

 TOTAL 2151 20

CHARGE TO: American Energies
 STREET _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT
4 1/2
 1- Packer shoe @ 931 20
 1- L-Case Down plugs @ 144 20
 1- Basket @ 147 20
 4- Centralizers @ 37 20

 TOTAL 1373 40

SALES TAX (If Any) _____
 TOTAL CHARGES 1373
 DISCOUNT _____ IF PAID IN 30 DAYS _____

PRINTED NAME x Thed Star
 SIGNATURE x Thed Star

Thank you!!!

FEB 10 2011