



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: _____



1053466

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	Thissen 3-27
Doc ID	1053466

All Electric Logs Run

Cement Bond Log
Compensated Neutron PEL Density
Dual Induction Resistivity
Micro Log

Form	ACO1 - Well Completion
Operator	American Energies Corporation
Well Name	Thissen 3-27
Doc ID	1053466

Tops

Name	Top	Datum
Onaga Shale	2022	-431
Indian Cave Sand	2062	-471
Wabaunsee	2106	-515
Heebner	2956	-1365
Lansing	3208	-1617
Stark Shale	3555	-1964
Cherokee	3799	-2208
Mississippian	3916	-2325
Kinderhook	4108	-2517
Viola	4236	-2645
Simpson Sand	4266	-2675



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Energies Corp.

Thissen #3-27

155 N.Market, Ste.710
Wichita Ks.67202

27-27s-7w Kingman Ks

ATTN: David Goldak

Job Ticket: 041612

DST#: 1

Test Start: 2011.03.04 @ 05:42:14

GENERAL INFORMATION:

Formation: **Viola**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 07:54:59

Time Test Ended: 13:20:14

Test Type: Conventional Bottom Hole

Tester: Gary Pevoteaux

Unit No: 56

Interval: 4242.00 ft (KB) To 4246.00 ft (KB) (TVD)

Reference Elevations: 1591.00 ft (KB)

Total Depth: 4246.00 ft (KB) (TVD)

1581.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 8167 Inside

Press @ Run Depth: 46.80 psig @ 4243.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.03.04

End Date:

2011.03.04

Last Calib.:

2011.03.04

Start Time: 05:42:19

End Time:

13:20:13

Time On Btm:

2011.03.04 @ 07:53:44

Time Off Btm:

2011.03.04 @ 11:05:44

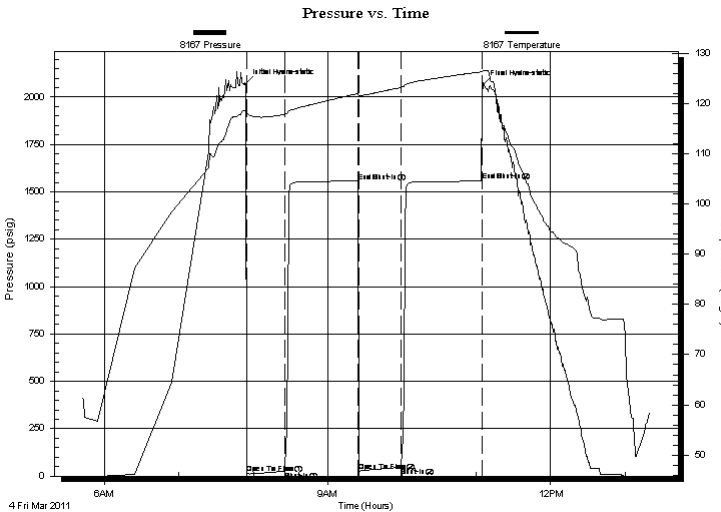
TEST COMMENT: IF: Strong blow . B.O.B. in 4 1/2 mins.

IS: No blow .

FF: Strong blow . B.O.B. in 1 min.

FS: No blow .

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2070.59	118.61	Initial Hydro-static
2	17.16	117.70	Open To Flow (1)
32	26.24	117.91	Shut-In(1)
91	1555.66	122.06	End Shut-In(1)
92	25.55	121.69	Open To Flow (2)
126	46.80	123.26	Shut-In(2)
191	1556.12	126.39	End Shut-In(2)
192	2067.09	126.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
100.00	CGO 14%g 86%o	1.40
0.00	2710 ft.of GIP/ trace of mud	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Energies Corp.

Thissen #3-27

155 N.Market, Ste.710
Wichita Ks.67202

27-27s-7w Kingman Ks

Job Ticket: 041612

DST#: 1

ATTN: David Goldak

Test Start: 2011.03.04 @ 05:42:14

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

44.1 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

7000 ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 10.79 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 7000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
100.00	CGO 14%g 86%o	1.403
0.00	2710 ft.of GIP/ trace of mud	0.000

Total Length: 100.00 ft

Total Volume: 1.403 bbl

Num Fluid Samples: 0

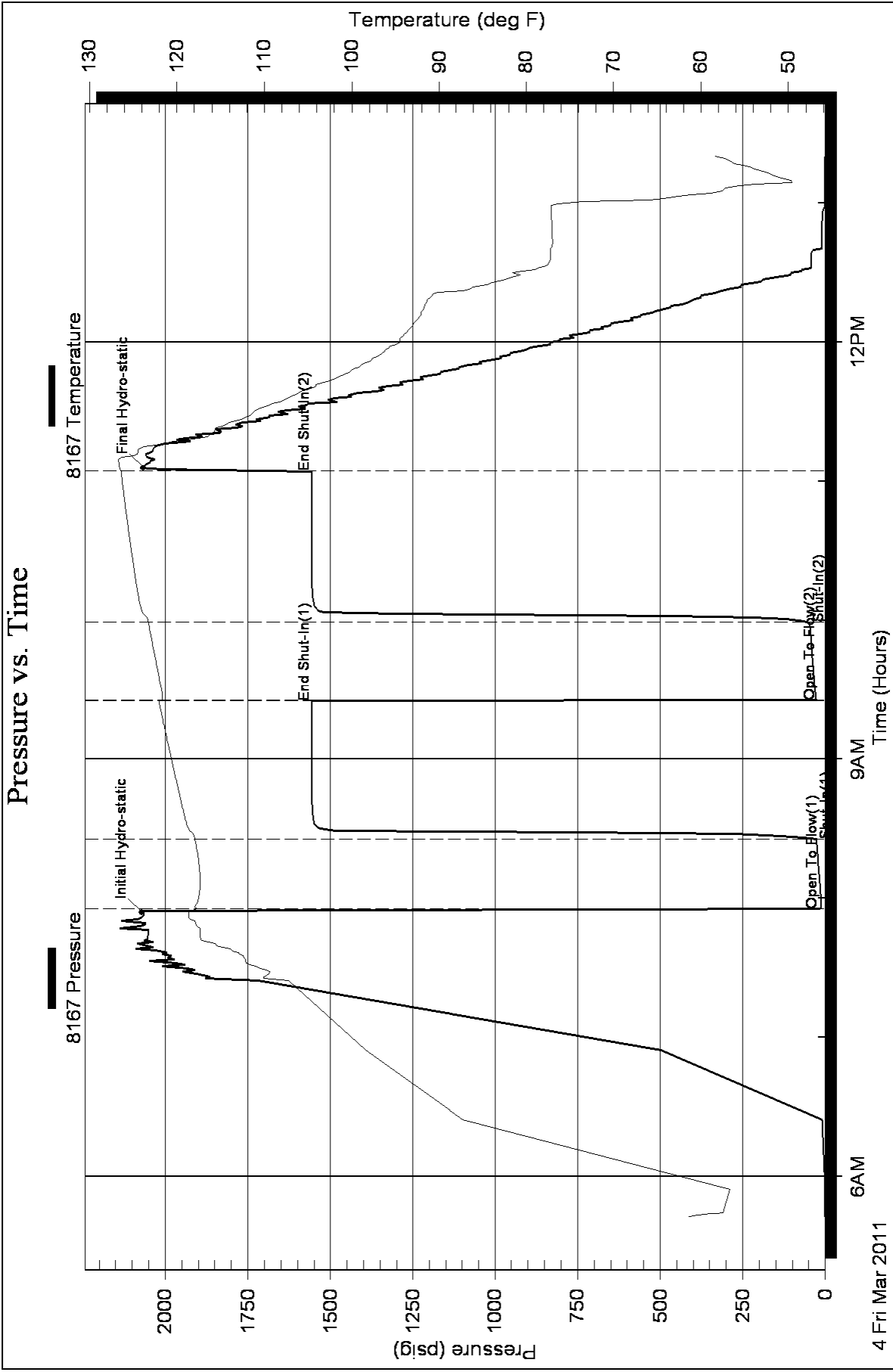
Num Gas Bombs: 0

Serial #: nne

Laboratory Name:

Laboratory Location:

Recovery Comments:



ALLIED CEMENTING CO., LLC. 040032

Federal Tax I.D.# 20-5975804

PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge ks

DATE <i>2-24-2011</i>	SEC. <i>27</i>	TWP. <i>27S</i>	RANGE <i>7W</i>	CALLED OUT <i>12:00 pm</i>	ON LOCATION <i>1:00 pm</i>	JOB START <i>5:00 pm</i>	JOB FINISH <i>5:30 pm</i>
LEASEE <i>Thiessen</i>				WELL # <i>3-27</i>		COUNTY <i>Kingsman</i>	
LOCATION <i>Thiessen Kingsman ks</i>				STATE <i>Ks</i>			
OLD OR NEW (Circle one) <u>NEW</u> <i>east on 54 to old 54 turn north, 1/4 west, N1/4</i>							

CONTRACTOR *Pickersill Drilling* OWNER *American Energies*

TYPE OF JOB *Surface*

HOLE SIZE *12 1/4* T.D. *269'*

CASING SIZE *8 5/8* DEPTH *266'*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. *20'*

PERFS.

DISPLACEMENT *15 1/2 bbls Fresh water*

CEMENT

AMOUNT ORDERED *190 sk 60:40, 2% Gel*

3% CC

100 lbs of Sugar

COMMON *A 114 sk @ 15.45* *1761-30*

POZMIX *76 sk @ 8.00* *608.00*

GEL *7 sk @ 20.80* *145.60*

CHLORIDE *12 sk @ 58.20* *698.40*

ASC @

HANDLING *209* @ *2.40* *501.60*

MILEAGE *209/10/50* @ *104S* *21420.00*

TOTAL *4759.90*

EQUIPMENT

PUMP TRUCK CEMENTER *Denn F*

414-302 HELPER *Ren G*

BULK TRUCK

381-250 DRIVER *Bren S*

BULK TRUCK

#

REMARKS:

Pipe on bottom & break circulation

Pump 3 bbls of fresh water mix 190 sk

of Cement, dispense 15 1/2 bbls of fresh

water, shot in, cement did

SERVICE

DEPTH OF JOB *266'*

PUMP TRUCK CHARGE *1018.00*

EXTRA FOOTAGE @

MILEAGE *50* @ *7.00* *350.00*

MANIFOLD @

SERVICE ADVISOR @

CHARGE TO: *American Energies*

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL *1368.00*

PLUG & FLOAT EQUIPMENT

_____ @

NONE @

_____ @

_____ @

_____ @

TOTAL

SALES TAX (If Any) _____

TOTAL CHARGES 

DISCOUNT 

IF PAID IN 30 DAYS

REC'D MAR - 4 2011

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.

PRINTED NAME *x Mike Kern*

SIGNATURE *x Mike Kern*

Thank you!!!

CEMENTING CO., LLC.

040042

Federal Tax I.D.# 20-5975804

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Kas, ks

DATE	3-5-2011	SEC	27	TWP	27S	RANGE	7W	CALLED OUT	3:00pm	ON LOCATION	7:00pm	JOB START	11:00pm	JOB FINISH	12:00am
LEASEE	Thressen	WELL #	3-27	LOCATION	Kinsmen, ks	essen						COUNTY	Kinsman	STATE	KS
OLD OR NEW	(Circle one)														

54 wells 54, Juan Perry, Kew, J, Link

OWNER American Energies

CONTRACTOR Pickersill #1
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4340'
 CASING SIZE 5 1/2 DEPTH 4336'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 43
 CEMENT LEFT IN CSG.

CEMENT
 AMOUNT ORDERED 505F 60' 40' 490.90'
150 lbs class A ASF & 5H Kinsmen, ks 5 1/2
FL160 2 1/2 gals ASF

PERFS.
 DISPLACEMENT/0.2 bbls of fresh water
 EQUIPMENT
 PUMP TRUCK CEMENTER Dean F
 # 414-302 HELPER René
 BULK TRUCK
 # 363-250 DRIVER Bobby W
 BULK TRUCK
 # DRIVER

COMMON A 30 sx @ 15.45 463 00
 POZMIX 20 sx @ 8.00 160 00
 GEL 2 sx @ 20.80 41.60
 CHLORIDE @
 ASC 150 sx @ 18.60 2790 00
Kalsol 750 # @ -89 667.50
FL-160 70.50 @ 13.30 937.65
ASF 500 Gal @ 1.27 635 00

HANDLING 244 sx @ 2.40 585.60
 MILEAGE 244/10/50 TOTAL 7500.85

REMARKS:

Pipe on bottom & beer circulation
 mix 500 gals ASF, mix 300 for breaker
 mix 200 mouse hole, mix 150 for test
 cement, shut down, wash pump & lines
 Release plug, start displacement, lift
 pressure at 75 bbls slow rate to 300
 at 90 bbls, bump plug 94 102 bbls
 800-1500 psi, float did hold

SERVICE

DEPTH OF JOB 4336'
 PUMP TRUCK CHARGE 2011 00
 EXTRA FOOTAGE @
 MILEAGE 50 @ 7 350 00
 MANIFOLD @
heserentis @ 100 00

CHARGE TO: American Energies

TOTAL 2461 00

STREET _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

5 1/2
1-DFW Float shoe @ 214.20
1-Latch down pins @ 163.80
5-centrizers @ 32.20 161.00

TOTAL 539 00

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.

SALES TAX (If Any) ~~00~~
 TOTAL CHARGES ~~00~~
 DISCOUNT ~~00~~ IF PAID IN 30 DAYS

PRINTED NAME x Thed Starv

SIGNATURE x Thed Starv

THANK YOU!!!