



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION 1054036
OIL & GAS CONSERVATION DIVISION

Form CP-4
March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No
Producing Formation(s): List All (If needed attach another sheet)
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

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 #: _____
Date Well Completed: _____
The plugging proposal was approved on: _____ (Date)
by: _____ (KCC District Agent's Name)
Plugging Commenced: _____
Plugging Completed: _____

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

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is 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 depth placed from (bottom), to (top) for each plug set.

Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Name of Party Responsible for Plugging Fees: _____
State of _____ County, _____, ss.

(Print Name) Employee of Operator or Operator on 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 is as filed, and the same are true and correct, so help me God.

Submitted Electronically

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Mike's Testing & Salvage Inc.

P.O. Box 467
Chase, KS 67524

Invoice

Date	Invoice #
4/11/2011	12704

Bill To
American Energies Corp. P.O. Box 3972 Wichita, Kansas 67201-03972

P.O. No.	Lease	County
	Juhnke A	McPherson

Qty	Description	Rate	Amount
18	Hours Rig Time	190.00	3,420.00T
	Casing Cutter	250.00	250.00T
4	Sacks Cement	12.50	50.00T
	Sand	40.00	40.00T
	4-1-11 Rigged up on location, layed down rods in singles, layed down 39 joints of 2-3/8" tubing. 4 Hours		
	4-4-11 Finished laying down tubing, checked the hole, plugged off bottom with sand to 2970' and 4 sacks cement. Set in floor and rigged up, pulled slips, had 7" of stretch. Cut casing loose @1012', pulled up to 500'. 10 Hours		
	4-5-11 Rigged up Copeland Cementers, pumped 325 sacks 60/40 pos, 4% gel @500' and circulated to surface. Layed rest of pipe down, tore down and moved off. Plugging Complete. 4 Hours		
	Sales Tax	7.30%	274.48
		Total	\$4,034.48



TREATMENT REPORT

Acid Stage No.

Date 4-5-11 District Bayata F. O. No.
 Company Ames Energy Corp
 Well Name & No. Subs A 23
 Location MPM Field LS
 County MPM State LS

Casing: Size 4 1/2 Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. Spung at ft.
 Perforated from ft. to ft.
 Open Hole Size T. D. ft. I. D. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand

Bkdown Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Flush Bbl./Gal.

Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.

Actual Volume of Oil/Water to Load Hole: 15 (Bbl./Gal.)

Pump Trucks, No. Used: 323 Bbl. Twin.
 Auxiliary Equipment Bulk Tank 322
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type 325 sds 60-40-4% Pbz

Company Representative

Treater Imp Pyl

TIME M/D/P.M.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:30				On location, DeTSA Rig up
8:40				Truck 43 @ 500' Start work to load
8:45			15	Break circulation on 8 7/8" 3 3/4 Bbl
:			0	Smart mix acid done - Hole 4 1/2 slurry
:		100	2 Bbl	3 3/4 Bbl
9:10		102	67 Bbl	325 sds away found cement in cellar wash up
:				Smart Picking up left hoses out to wash up
9:55				Rig starts Leave location



FIELD ORDER No C 37646

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE April 5 20 11

IS AUTHORIZED BY: American Energy Corp
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Hubbs A Well No. 2 Customer Order No. _____

Sec. Twp. _____ Range _____ County McPherson State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump Charge for Pump Job		900 ⁰⁰
9252	60-40-4 1/2	4oz @ 9 ⁰⁰ /sack		549 ²⁵
27	27 miles	1 way mileage @ 3 ⁰⁰ /mile		81 ⁰⁰
9252		Bulk Charge @ 1 ²⁵ /sack		406 ²⁵
9252		Bulk Truck Miles		484 ⁷¹
		Process License Fee on _____ Gallons		
TOTAL BILLING				

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative [Signature]

Station Burbata

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS