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

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1055505

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 #:	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: SWD Permit #: SWD Permit #: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Gas Storage Permit #: SWD Permit #: SWD 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.	County: Well #: 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)		or or Operator on above-described well,
haing first duly sugars an asthe source The	t I have knowledge of the facto at	stamanta, and matters barain contained, and the l	an of the choice described well is as filed and

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

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Mike's Testing & Salvage Inc.

P O Box 467 Chase, KS 67524

Bill To

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



		P 0. No	Lease		County	
			Stucky C 1	м	cPherson	
Qty	Descriptio	ייי <u></u>	Rate		Amount	
	Hours Rig Time Casing Cutter Sacks Cement Sand 4 14 11 Rigged up on location. 1 Hour 4-18 11 Checked the hole, sanded off bottom to top Dug cellar and pit, set in floor and Cut pipe loose @835' pulled up to 440 9 Hours 4-19 11 Rigged up Copeland Cementers, pump- circulation, Rigged down. 4 Hours 4-21-11 Ran poly pipe to 280' tagged cement, j and circulated to surface. Plugging Co 4 Hours. Sales Tax	f rigged up, had 5" of s " ed 275 sacks @400' lo pumped 140 sacks cem	tretch ist	190.00 250.00 12.50 40,00 7.30%	2,660.001 250.001 50.001 40.007	
			Total		\$3,219 00	

Invoice

 Date
 Invoice #

 4/21/2011
 12715

3165241027

POST OFFICE BOX 438

HAYSVILLE, KS 67060

(316) 524-1225

(316) 524-1027 FAX

To:2631851 Invoice

Page:1/6 Page: 1



Acid & Cement

BURRTON, KS 💧 GREAT BEND, KS (620) 463-5161 (620) 793-3366 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER: C37668-IN

.

LEASE: STUCKEY C 1

BILL TO: AMERICAN ENERGIES CORP. P.O. BOX 516 **CANTON, KS 67428**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL I	INSTRUCTIONS	
04/27/2011	C37668		04/21/2011		N	VET 30	
QUANTITY U/M		ITEM NQ./D	ESCRIPTION	D/C	PRICE	EXTENSION	
1.00	EA	CEMENT PUMP	CHARGE	0.00	600.00	600.00	
140.00	SAX	60-40 4% POZ N	ліх	0.00	9,69	1,356.60	
1.00	EA	POLY TRAILER		0.00	200.00	200.00	
1.00	MI		GE PUMP TRUCK	0.00	3.00	3.00	
140.00	EA	BULK CHARGE		0.00	1.25	175,00	
1.00 MI		MIN. BULK TRUCK - TON MILES		0.00	150.00	150.00	
DEMIT TO.			COP-B				
REMIT TO: P.O. BOX 438 HAYSVILLE, K\$ 67060			E IS NOT TAXABLE AND IS AND OR DELIVERY CHAR			2,484.60 58.40 2,543.00	
RECEIVED BY			NET 30 DAYS				

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Greatel Dil Field Service Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code

RECEIVE:

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By_

Acid & Cement		FIELD ORDER Nº C 37668
Acid & Cement 🖾 BOX 438	316-524-1225) ATE Appril 21 20 11
IS AUTHORIZED BY: American Every		·
Address	City	State
To Treat Well As Follows: Lease Stuckery C	Well No	Customer Order No
Sec. Twp. Bange	County Me Phereses	State XS

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. 5% interest will be charged after 60 days. Total charges are subject to correction by our involcing 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 of Operator	Agent	
CODE	QUANTITY	DESCRIPTION		AMOUNT
		Pump Chy for Phy joby		~~ 60d)
	140 st	20 (0-401 4°20 Poz @ 2 6% seck-		1356 4
		Poly Trailer		006 and
	<u> </u>	Mile top read from Isr well		300
		N		
				
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	Moste	Bulk Charge Secu		175-00
-	12320	Bulk Truck Miles 10 00 mile Min Chyp		150
······	163	Process License Fee onGallons	1	
<u> </u>		TOTAL BILLING	1	218460
<u> </u>			1	

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

Station Well Owner, Operator or Agent Buranter of Remarks_ DAYS



TREATMENT REPORT

Acid Stage No.

Company	Type & We with the second seco	Pertorated from	Perf. Perf. Top at fr.	No	Type Treatment: Aml. Bkdown	rt. 10. rt.	ft. No. (1.
then Hole Blac		т.р	<u></u>	h touring and gammelle	······································	······	tinin.	
Company R	epresentative				Treater Mr. M.	1		
TIME a.m/p.m.	PRES		Total Fluid Fumped		BEMAR	KO		
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;				DaJSA		znin		
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