

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

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1055512

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	o. 15				
				escription:				
Address 1:				Sec Tv	vp S. R East West			
Address 2:				Feet from	North / South Line of Section			
City:	State:	Zip:+		Feet from	East / West Line of Section			
Contact Person:			Footag	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()				NE NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic County	<i>.</i>				
Water Supply Well	Other:	SWD Permit #:	1 .		Well #:			
ENHR Permit #:	Gas Sto	orage Permit #:		Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	I log attached? Yes	1		oved on: (Date)			
Producing Formation(s): List	All (If needed attach another	r sheet)			(KCC District Agent's Name)			
Depth to	o Top: Botto	om: T.D			,			
Depth to	o Top: Botto	om: T.D		-				
Depth to	o Top: Botto	om:T.D	Fluggii	ig Completed				
Show depth and thickness of	all water, oil and gas forma	ations.						
Oil, Gas or Wate	r Records		Casing Record (S	Surface, Conductor & Produc	ction)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out			
ement of other plugs were u	seu, state the character of	same depth placed from (bot	копт, ко (кор) ког е	acii piug set.				
Address 1:			Address 2:					
•					Zip:+			
Phone: ()								
Name of Party Responsible for	or Plugging Fees:							
State of	County, _		, SS.					
	(Drint Mana)			Employee of Operator or	Operator on above-described well,			
	(Delect Messes)			F , 0. Opolatol 01				

Submitted Electronically

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

▲ Mike's Testing & Salvage Inc

P O Box 467 Chase, KS 67524

Invoice

Date	Invoice #
4/21/2011	12714

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

699

		PO No	Lease	County
<u> </u>	<u> </u>		SW College 1	McPherson
Qty	Description	on .	Rate	Amount
	Hours Rig Time Sacks Cement Sand Thread Dope		90 00 5,320.0 12,50 62.5 40.00 40.0 20 00 20.0	
	3-29-11 Rigged up on location, layed down, j 3-30-11 Layed tubing down, checked the hole, loaded the hole with saltwater, dug ceillo Hrs. 3-31-11 Dumped 5-sacks cement with bailer on 2-3/8" tubing to 625', rigged up Copelawater, couldn't get circulation. Tied or get circulation. Cut casing @580' not lecirculation. Cut casing @580' not lecirculation. Cut casing @540', not loos ran tubing back to 625' pumped 100 setted onto 8-5/8" pumped 50 sacks cemtubing 10 Hours 4-1-11 Ran in 17 jts. of 2-3/8" tubing, tagged pumped 225 sacks cement and circulation with 25 sacks cement. Tore down a salt Complete 5 Hours. Sales Tax	sanded off bottom to 34 llar, perforated casing @ top of sand. Ran 22 jts and Cementers, pumped to 8-5/8" surface, could bose. Tied back on to wie. Perforated 5-1/2" @ teks cement w/600# hullent & 150# hulls, layed better the course of the surface. Topped o	of in't ell, no 250', ls, down	7.30% 397 3
			Total	\$5,839 8

· Attended

Acid & Cement	I
Acid & Cement	

TREATMENT REPORT

Acid &					- 1021 410			Acid Stage	1 ND:
					Type Treatment Am	t.	Type Fluid	Sand Size	Journal of Hand
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FIELD ORDER Nº C 37641

BOX 438 • HAY\$VILLE, KANSAS 67060 316-524-1225

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to be held lia led, and no f Iment is pays invoicing dep	ble for any den epresentations ible. There will partment in acco	consideration hereof it is agreed the tage that may accrue in connection have been relied on, as to what mi be no discount allowed subsequien ordance with latest published price himself to be duly authorized to sig	i with said service or tre ly be the results or effect t to such date. 6% intere schedules.	alment. Copeland Ac it of the servicing or to est will be charged aff	iid Service has made no fept reating said well. The consid	esentation expresse Brailon of said Bervic
	ST BE SIGNED S COMMENCED			By_		
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CODE	QUANTITY	3-31-11	DESCRIPTION	N	UNIT COST	AMOUNT
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To 16282833383945

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APR-19-2011 09 04 From: