



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

KANSAS CORPORATION COMMISSION 1055524
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.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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 #
4/21/2011	12718

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

5092

P O No	Lease	County
	Funk 2	Marion

Qty	Description	Rate	Amount
18	Hours Rig Time	190.00	3,420.00T
4	Sacks Cement	12.50	50.00T
	Sand	20.00	20.00T
1	Night Out of Town Expense	210.00	210.00T
	4-12-11 Rigged up on location, layed down rods and tubing. Had to cheater each rod and collars were hard to break on tubing Sanded off bottom to 2950' Schultz water truck loaded the hole. 10 Hours		
	4-13-11 Dumped 4 sacks cement on top of sand with bailer Dug cellar and pit, set in floor and rigged up Couldn't get any stretch on casing. Cut surface off, tagged cement 10 ft. down on backside Tore rig down 8 Hours.		
	4-18-11 Copeland Cementers ran poly pipe to 255' and circulated 26 sacks cement to surface Plugging Complete. Sales Tax	7.30%	270.10
		Total	\$3,970.10



TREATMENT REPORT

Acid Stage No

Date 4/19/11 District Bureau F.P. No. _____
 Company American Energy Corp
 Well Name & No. Bank #2
 Location _____ Field _____
 County Madison State La

Type Treatment	Amt.	Type Fluid	Sand Size	Amount of Sand
Breakdown:	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.

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation _____ Perf. _____ to _____ to.
 Formation _____ Perf. _____ to _____ to.
 Formation _____ Perf. _____ to _____ 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. P.D. to _____ ft.

Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks No. Used Mid. 303 No. _____ Twin _____
 Auxiliary Equipment Bank 302 Poly Tanker
 Packer _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 26 sacks GM-40-45 _____ lb.

Company Representative _____ Treater Ken P

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:35				On location Do JSA R. up
				Run up poly tanker pump in annulus 12'
			15 RR	26 sacks 50 lbal granules Run Poly down 4 1/2 to
				255' Head Run fill up casing
				Slurry mix 1 gal chd. below
			16 RR	Grout cement to surface Wash up into cellar
				26 sacks total
10:20				Washed up Packed up Left location



FIELD ORDER No C 37662

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

DATE April 18 20 11

IS AUTHORIZED BY American Energy Corp (NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well As Follows: Lease Funk Well No. 2 Customer Order No. _____
Sec. Twp. _____ County Marion State Kan

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

Ag-11

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump Out to plug well		600.00
	2500	60-40-4oz Poz @ 9.65/gal		251.25
	1	Poly tanker Rental		200.00
	100	Pick up mileage @ 1.50/mile both ways		150.00
	50	split w/other well		75.00
	50	1/2 pump truck mileage @ 3/mile		150.00
	2000	Bulk Charge nine days		150.00
	150	Bulk Truck Miles nine days		150.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				1498.94

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 Bureau

Remarks Aug Job

Well Owner Operator or Agent

NET 30 DAYS