



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

KANSAS CORPORATION COMMISSION 1055530
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

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	12719

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

5092

P O No	Lease	County
	Scully H	Marion

Qty	Description	Rate	Amount
22	Hours Rig Time	190.00	4,180.00T
4	Sacks Cement	12.50	50.00T
	Sand	40.00	40.00T
	Casing Cutter	250.00	250.00T
2	Nights Out of Town Expense	210.00	420.00T
	4-7 11 Rigged up on location, started laying down rods. U-joint went out on rig, had to shut down 3 Hours		
	4-8 11 Finished laying down rods. layed down tubing Sanded off bottom to 2465' dug cellar and pit set in floor and rigged up. 9 Hours		
	4-11 11 Dumped 4 sacks cement with bailer on top of sand Had 15" of stretch, cut casing loose @1616', layed casing down Ran in 250' of 2-3/8" tubing, Copeland Cementers pumped 150 sacks cement and circulated to surface. Tore down. Plugging Complete 10 Hours Sales Tax	7.30%	360.62
		Total	\$5 300.62



FIELD ORDER N° C 37634

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

DATE April 11 20 11

IS AUTHORIZED BY: American Energy Corp
(NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well As Follows: Lease Sully Scully Well No. H Customer Order No. _____
 Sec. Twp Range 34-12-2E 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
 _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump Charge to plug well		600 ⁰⁰
	100 sack	60-40-48 P ₂ @ 9 ⁰⁰ /sack		11 600 ⁰⁰
	57 miles	1 way pump truck mileage @ 3 ⁰⁰ /mile		171 ⁰⁰
	120 sack	Bulk Charge @ 12 ⁵⁰ /sack		150 ⁰⁰
	300 sack	Bulk Truck Miles @ 11 ⁰⁰ /100 mile	331 ⁰³	331 ⁰⁰
		Process License Fee on Gallons		
TOTAL BILLING				3414.80

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 [Signature] _____
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS