



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

KANSAS CORPORATION COMMISSION 1057332
 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

MAY 13 2011

ENTERED 5-16-11 MG



INVOICE

DATE May 11, 2011
INVOICE # 4361

271 Lake Rd Pratt, KS 67124
Office Phone (620)672-1065 Fax (620)672-5020

Bill To: AMERICAN ENERGIES CORP.
PO BOX 516
CANTON, KS 67428

Lease Name
Well Number
County
State

#10682161
Kressen
1 195092
Ness
KS Plugging
Well

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
4.0	4/29/2011 Work Ticket #12135 Rig #20 Operator & 2 men	205.00	820.00
4.0	5/2/2011 Work Ticket #12735 Rig #20 Operator & 2 men	205.00	820.00
3.0	Gal Wash Gas	3.70	11.10
1.0	Tong Trip	100.00	100.00
1.0	Thread Dope	50.00	50.00
SUBTOTAL			\$ 1,801.10
TAX RATE			6.30%
SALES TAX			113.47
TOTAL			\$ 1,914.57

Make all checks payable to
ALLIANCE WELL SERVICE INC
271 LAKE RD
PRATT, KS 67124

ALLIANCE

WELL SERVICE, INC.

271 Lake RD • Pratt, KS 67124
 24 Hour Phone: 785-623-3014 • Fax: 620-672-5020

WORK TICKET

NEW WELL

OLD WELL

RIG # 20

DATE 4-29-2011

COMPLETE

INCOMPLETE

COMPANY AMERICAN ENERGIES JOB TYPE PLUG
 LEASE KRESSEN WELL # 1
 ADDRESS _____ SEC _____ TWP _____ ANG _____
 CITY / STATE _____ ZIP CODE _____ COUNTY WESS STATE _____

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	Javi J.	4			4
DERRICK HAND	JUAN	4			4
FLOOR HAND	CRAIG	4			4

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

D.T.L. M.I.R.U. MIX 4 SACKS CEMENT SPRT
 @ 3600' W DUMP BATH S.O.F.D.

THANK YOU!

Double Drum Rig w/2 Men	4	Hrs @	\$1205.00	Per Hour	Total	\$ 870.00
Travel Time		Hrs @		Per Hour	Total	
Swab Cups No.	Size	Type		Per Each	Total	
Swab Cups No.	Size	Type		Per Each	Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	
Misc					Total	

x _____
 Company Representative Date

TOTAL _____

ALLIANCE WELL SERVICE, INC.

No 12735

271 Lake RD • Pratt, KS 67124
24 Hour Phone: 785-623-3014 • Fax: 620-672-5020

WORK TICKET

NEW WELL

OLD WELL

RIG # 20

DATE 5/2/11

COMPLETE

INCOMPLETE

COMPANY American Energies JOB TYPE Plug
 ADDRESS _____ LEASE Krosson WELL # 1
 CITY / STATE _____ ZIP CODE _____ COUNTY Miss STATE Ks
 SEC _____ TWP _____ ANG _____

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Dave</u>	<u>4</u>			<u>4</u>
DERRICK HAND	<u>Caig</u>	<u>4</u>			<u>4</u>
FLOOR HAND	<u>Sivan</u>	<u>4</u>			<u>4</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To loc G.I.H. w/55 jts, Hook up Swits + plug, COOH w/
tag + CUT + Loc ADMO,

Safety Meeting - CPR

Double Drum Rig w/2 Men	4 Hrs @	\$ 205. ⁰⁰ Per Hour	Total	\$ 820. ⁰⁰
Travel Time	Hrs @	Per Hour	Total	
Swab Cups No. _____ Size _____ Type _____		Per Each	Total	
Swab Cups No. _____ Size _____ Type _____		Per Each	Total	
Misc <u>3 gal wash gas</u>	3 @	\$ 3.70	Total	\$ 11.10
Misc <u>Ty tongs</u>	@	\$ 100. ⁰⁰	Total	\$ 100. ⁰⁰
Misc <u>Life rope</u>	1 @	\$ 50. ⁰⁰	Total	\$ 50. ⁰⁰
Misc <u>Tag wiper</u>			Total	
Misc _____			Total	
Misc _____			Total	

x _____
Company Representative Date



P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
5/2/2011	19465

BILL TO
American Energies Corporation 155 North Market Street 710 Market Centre Building Wichita, KS 67202

5092

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1	Kressin	Ness	Alliance Well Ser...	Oil	OWWO	PTA	Nick
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				30	Miles	5.00	150.00T
576W-P	Pump Charge - PTA				1	Job	750.00	750.00T
290	D-Air				2	Gallon(s)	35.00	70.00T
275	Cotton Seed Hulls				1	Sack(s)	25.00	25.00T
328-4	60/40 Pozmix (4% Gel)				225	Sacks	9.75	2,193.75T
581W	Service Charge Cement				225	Sacks	1.50	337.50T
583W	Drayage				285.5	Ton Miles	1.00	285.50T
	Subtotal							3,811.75
	Sales Tax Ness County						6.30%	240.14
Thank You For Your Business!							Total	\$4,051.89

EMTD MAY 17 2011

REC'D MAY - 4 2011



Services, Inc.

CHARGE TO: American Engines
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

TICKET 19465
 PAGE 1 OF 1

SERVICE LOCATIONS: 1. Hays, KS WELLS/PROJECT NO. #1 LEASE Krossin COUNTY/PARISH Ness STATE KS CITY _____ DATE 5-2-11 OWNER _____
 2. Ness City, KS TICKET TYPE SALES CONTRACTOR Alliance Well Service RIG NAME/NO. _____ ORDER NO. _____
 3. WELLS TYPE cil WELLS CATEGORY oil JOB PURPOSE PTA WELLS PERMIT NO. _____
 4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT								
575					# 111	70	PM			5.00	1500.00
576P					Paap Charge (PTA)	1	ea			750.00	750.00
290					D-Air	2	ea			35.00	70.00
275					Ce Harwood Halls	1	sk			25.00	25.00
328-4					Ce Poranix 4% gel	225	shs			9.25	2193.75
581					Cement Service Charge	225	shs			1.50	337.50
583					Drayage	285	TM			1.00	285.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 DATE SIGNED 5-2-11 TIME SIGNED 1:34 PM AM PM
 REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300
 SURVEY: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WISH TO RESPOND

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR: Michelle Hinkle APPROVAL: _____
 TOTAL 4051.89
 TAX 240.14
 75
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-2-11 PAGE NO.

CUSTOMER *American Energies* WELL NO. *#1* LEASE *Kressin* JOB TYPE *PTA* TICKET NO. *19465*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0825							on loc/set up Trks
								2 3/8" x 4 1/2" x 1704'
								CIBP @ 4150 w/3skscement
	0855	4	0			400		start Cement 165sk ^{60%} P ₂ 4% gel
		4	19			600		start Halls 100#
		4	27			600		Loss time.
	0905		44					shut down on vacuum
	0930							move over to #3
	1245							Move back in on #1
	1300					800		Hook up to 8 5/8" 0sk
								Hook up to 4 1/2"
	1305	2	0					Start Cement 60sk ^{60%} P ₂ 4% gel
	1315		16					Hole fall
								225sk in 4 1/2"
								0sk in 8 5/8"
								well Plugged
								Thank you
								Nick, Josh P. & Joe