



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

KANSAS CORPORATION COMMISSION 1057366
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

ENTERED 5-16-11 M/G

MAY 13 2011



INVOICE

DATE May 11, 2011
INVOICE # 4360

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

10e82161
Lease Name Kressen
Well Number 3 195092
County Ness
State KS Plugging
Well

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
4.5	4/29/2011 Work Ticket #12134		
1.0	Rig #20 Operator & 2 men	205.00	922.50
	Oil Saver Rubber	20.00	20.00
SUBTOTAL			\$ 942.50
TAX RATE			6.30%
SALES TAX			59.38
TOTAL			\$ 1,001.88

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

ALLIANCE WELL SERVICE, INC.

No 12134

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 # 3

ADDRESS _____

SEC _____ TWP _____

ANG _____

CITY / STATE _____

ZIP CODE _____

COUNTY NEOSHO

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	JAVI JIMENEZ	4 1/2			4 1/2
DERRICK HAND	JUAN	4 1/2			4 1/2
FLOOR HAND	CRAIG	4 1/2			4 1/2

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.F.R.U. MIX CEMENT (5 SACKS) IN BAIL DUMP.
 SPOT CEMENT @ 4200' R.D.M.O.

THANK YOU!

Double Drum Rig w/2 Men	4 1/2	Hrs @	\$ 205.00	Per Hour	Total	\$ 922.50
Travel Time		Hrs @		Per Hour	Total	
Swab Cups No.		Size		Type	Per Each	Total
Swab Cups No.		Size		Type	Per Each	Total
Misc	1	OSR		@	\$ 20.00	Total \$ 20.00
Misc						Total
Misc						Total
Misc						Total
Misc						Total
Misc						Total
Misc						Total
Misc						Total
					TOTAL	

x _____
 Company Representative Date

MAY 13 2011

ENTERED 5-16-11 MG



INVOICE

DATE May 11, 2011
INVOICE # 4362

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

#1068 2101
Lease Name Kressen
Well Number 3
County Ness
State KS
*195092
Plugging
Well*

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
5.0	5/2/2011 Work Ticket #12736		
	Rig #20 Operator & 2 men	205.00	1,025.00
3.0	Gal Wash Gas	3.70	11.10
SUBTOTAL			\$ 1,036.10
TAX RATE			6.30%
SALES TAX			65.27
TOTAL			\$ 1,101.37

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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 5/2/11

COMPLETE

INCOMPLETE

JOB TYPE Plug

LEASE Krossen

WELL # 3

COMPANY American Energy

ADDRESS _____

SEC _____ TWP _____

ANG _____

CITY / STATE _____

ZIP CODE _____

COUNTY Neos

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Dave</u>	<u>5</u>			<u>5</u>
DERRICK HAND	<u>Craig</u>	<u>5</u>			<u>5</u>
FLOOR HAND	<u>John</u>	<u>5</u>			<u>5</u>

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

DESCRIPTION OF WORK BEING PERFORMED

To loc MIRC 6.117 ✓ 55 jts + break off S. 1/4 Plug COOH
4/10g + cement to surface CUT + loc ADMCO.

Double Drum Rig w/2 Men	<u>5</u> Hrs @ <u>\$ 205.00</u> Per Hour	Total <u>\$ 1025.00</u>
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>	<u>3 @ \$ 3.70</u>	Total <u>\$ 11.10</u>
Misc _____		Total _____
Misc _____		Total _____
Misc _____		Total _____
Misc _____		Total _____
Misc _____		Total _____
Misc _____		Total _____
x _____		Total _____
Company Representative _____	Date _____	TOTAL _____



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



Invoice

DATE	INVOICE #
5/2/2011	19466

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	#3	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
328-4	60/40 Pozmix (4% Gel)				200	Sacks	9.75	1,950.00T
581W	Service Charge Cement				255	Sacks	1.50	382.50T
583W	Drayage				320	Ton Miles	1.00	320.00T
	Subtotal							3,622.50
	Sales Tax Ness County						6.30%	228.22

ENTD MAY 17

Thank You For Your Business!	Total	\$3,850.72
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RECD MAY - 4 2011



Services, Inc.

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

TICKET
19466

PAGE 1 OF 1

SERVICE LOCATIONS
 1. Hays, Ks.
 2. Ness City, Ks.
 3. _____
 4. _____

WELL/PROJECT NO. #3
 LEASE Kressin
 COUNTY/PARISH Ness
 STATE Ks
 CITY _____

TICKET TYPE SERVICE
 SALES
 CONTRACTOR Alliance Well Service
 RIG NAME/NO. _____

WELL TYPE oil
 WELL CATEGORY oil
 JOB PURPOSE PTA

INVOICE INSTRUCTIONS _____

DATE 5-2-11
 ORDER NO. _____
 OWNER Same

DELIVERED TO Location
 WELL PERMIT NO. _____
 WELL LOCATION _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	MILEAGE	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
575												
576P		1			Pump Charge (PTA)	30 mi					150.00	150.00
290		1			D-Air	1 Ppd					750.00	750.00
						2 Ppd					35.00	70.00
328-A		2			oil Pozmix 4% gel	100 sks					9.25	925.00
581		2			Concrete Service Charge	255 sks					1.50	382.50
583		2			D-a-yage	320 VM					1.00	320.00

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.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

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 12:45
 A.M. P.M.

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES
 The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3622
WE UNDERSTOOD AND MET YOUR NEEDS?				50
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL

TAX 2.28
 TOTAL 3850.72

SWIFT OPERATOR Mike Hinkle APPROVAL _____
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-2-11 PAGE NO. 7

CUSTOMER American Energies WELL NO. A3 LEASE Krossin JOB TYPE PTA TICKET NO. 19466

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0930							on loc setup Trks
								2 7/8" x 5 1/2" x 1709 CIBP @
	1040	4	0					start Cement 1655sk 5% Poz 4% gel 100# H w/s
		4	45/0					End Cement/start water
	1050		1					End water
								TOH w/tbg
	1140	1	0			0		Hook up to 8 5/8"
			2			250		start Cement 10sk 5% Poz 4% gel
						100		End Cement
								Shut In
		1	0					Top off 5 1/2"
			4					25sk 5% Poz 4% gel
								190sk in 5 1/2"
								10sk in 8 5/8"
								Plugged
								Thank you
								Nick, Josh F. & Joe