



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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 #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**AFFIDAVIT**

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

**KCC Office Use ONLY**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1057810

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Energies Corporation
Well Name	Dudrey 6-36
Doc ID	1057810

Tops

Name	Top	Datum
Chase	2014	-144
Tarkio Lime	2998	-1128
Topeka	3387	-1517
Heebner	3746	-1876
Brown Lime	3924	-2054
Stark Shale	4256	-2386
Mississippi	4556	-2886
Mississippi Osage	4615	-2145



PO BOX 31 Russell, KS 67665

# INVOICE

Invoice Number: 126879

Invoice Date: Apr 12, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:
American Energies Corp. 155 N. Market Ste. #710 Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

*2026.001*

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Am Eng	Dudrey #6-36	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-01	Great Bend	Apr 12, 2011	5/12/11

Quantity	Item	Description	Unit Price	Amount
245.00	MAT	Class A Common	16.25	3,981.25
5.00	MAT	Gel	21.25	106.25
9.00	MAT	Chloride	58.20	523.80
259.00	SER	Handling	2.25	582.75
14.00	SER	Mileage 249 sx @.11 per sk per mi	28.49	398.86
1.00	SER	Surface	1,125.00	1,125.00
28.00	SER	Pump Truck Mileage	7.00	196.00
28.00	SER	Light Vehicle Mileage	4.00	112.00
1.00	EQP	8.5/8 Wooden Plug	53.00	53.00
1.00	CEMENTER	David West		
1.00	OPER ASSIST	Greg Redetzke		
1.00	OPER ASSIST	Kevin Weighous		

*END MAY -2*

Subtotal	7,078.91
Sales Tax	340.49
Total Invoice Amount	7,419.40
Payment/Credit Applied	
<b>TOTAL</b>	<b>7,419.40</b>

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

**\$ 1415.78**

ONLY IF PAID ON OR BEFORE

**May 7, 2011**

*6003.62*

RECD APR 26 2011

# ALLIED CEMENTING CO., LLC. 037184

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
Great Bend, KS

DATE <u>4-12-2011</u>	SEC <u>36</u>	TWP <u>29</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00AM</u>	JOB FINISH <u>6:30AM</u>
LEASE <u>Durley</u>	WELL # <u>6-36</u>	LOCATION <u>Isabel KS, 1N, 1 1/2 W</u>	COUNTY <u>Pleasant</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)	<u>3/11/10</u>						

CONTRACTOR Pickrell #1 OWNER American Energy, Inc

TYPE OF JOB \_\_\_\_\_  
 HOLE SIZE 12 1/4 T.D. 283  
 CASING SIZE 2 5/8 DEPTH 275  
 TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 DRILL PIPE 4 1/2 DEPTH 283  
 TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PRES. MAX 250PSI MINIMUM \_\_\_\_\_  
 MEAS. LINE \_\_\_\_\_ SHOE JOINT 15FT  
 CEMENT LEFT IN CSG. 15 FT  
 PERFS. \_\_\_\_\_  
 DISPLACEMENT Fresh Water 16 1/2 BBLs

CEMENT  
 AMOUNT ORDERED 245 SX A + 3% COT + 2% Gel

COMMON <u>245</u>	@ <u>16.25</u>	<u>3,981.25</u>
POZMIX _____	@ _____	_____
GEL <u>5</u>	@ <u>21.25</u>	<u>106.25</u>
CHLORIDE <u>9</u>	@ <u>58.20</u>	<u>523.80</u>
ASC _____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>259</u>	@ <u>2.25</u>	<u>582.75</u>
MILEAGE <u>259 x 14 x .11</u>	@ <u>398.70</u>	<u>398.70</u>
TOTAL		<u>5,592.91</u>

EQUIPMENT  
 PUMP TRUCK CEMENTER David  
#224 HELPER Greg Ri  
 BULK TRUCK  
#341 DRIVER Kevin W  
 BULK TRUCK  
 # DRIVER \_\_\_\_\_

REMARKS:

Pipe on bottom Break pipe  
Mix 245 SX A + 3% COT + 2% Gel  
Shut Down Release Plug Displace  
With 16 1/2 BBLs Fresh Water  
Shut in Cement did cure

SERVICE

DEPTH OF JOB <u>275 FT</u>		
PUMP TRUCK CHARGE	<u>1125.00</u>	
EXTRA FOOTAGE _____	@ _____	_____
MILEAGE <u>28</u>	@ <u>7.00</u>	<u>196.00</u>
MANIFOLD _____	@ _____	_____
<u>Light Truck 28</u>	@ <u>4.00</u>	<u>112.00</u>
_____	@ _____	_____
TOTAL		<u>1,433.00</u>

CHARGE TO: American Energy, Inc  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

<u>Wooden Plug</u>	@ <u>53.00</u>	<u>53.00</u>
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
TOTAL		<u>53.00</u>

To Allied Cementing Co., LLC.  
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME x Mike Keon  
 SIGNATURE x Mike Keon

REC'D APR 26 2011



PO BOX 31 Russell, KS 67665

# INVOICE

Invoice Number: 126983

Invoice Date: Apr 21, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

<b>Bill To:</b>
American Energies Corp. 155 N. Market Ste. #710 Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

*2152.001*

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Am Eng	Dudley #6-36	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Medicine Lodge	Apr 21, 2011	5/21/11

Quantity	Item	Description	Unit Price	Amount
102.00	MAT	Class A Common	16.25	1,657.50
68.00	MAT	Pozmix	8.50	578.00
6.00	MAT	Gel	21.25	127.50
178.00	SER	Handling	2.25	400.50
15.00	SER	Mileage 178 sx @ .11 per sk per mi	19.58	293.70
1.00	SER	Rotary Plug	1,250.00	1,250.00
30.00	SER	Pump Truck Mileage	7.00	210.00
30.00	SER	Light Truck Mileage	4.00	120.00
1.00	CEMENTER	Matt Thimesch		
1.00	EQUIP OPER	Jason Thimesch		
1.00	EQUIP OPER	Raymond Romans		

ENTD MAY 12

Subtotal	4,637.20
Sales Tax	338.52
Total Invoice Amount	4,975.72
Payment/Credit Applied	
<b>TOTAL</b>	<b>4,975.72</b>

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ *927.44*

ONLY IF PAID ON OR BEFORE

May 16, 2011

*4048.28*

RECD APR 28 2011

# ALLIED CEMENTING CO., LLC. 040145

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:  
*Madison*

DATE <u>4-21-11</u>	SEC <u>36</u>	TWP. <u>29S</u>	RANGE <u>12W</u>	CALLED OUT	ON LOCATION	JOB START <u>6:30pm</u>	JOB FINISH <u>7:30pm</u>
LEASE <u>Ordway</u>	WELL # <u>6-36</u>	LOCATION <u>Federal, N.S. 1N, 1 1/2W, State</u>			COUNTY <u>Pratt</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Prockrell Drilling OWNER American Exercise

TYPE OF JOB Rotary Plug

HOLE SIZE	T.D.	CEMENT
CASING SIZE	DEPTH	AMOUNT ORDERED <u>170 SK 60:40:4%gd</u>
TUBING SIZE	DEPTH	

DRILL PIPE 4 1/2 DEPTH 690'

TOOL DEPTH

PRES. MAX 300psi MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

DISPLACEMENT

**EQUIPMENT**

PUMP TRUCK CEMENTER not Thomasch

# 471/265 HELPER Jason Thomasch

BULK TRUCK

# 364 DRIVER Raymond R

BULK TRUCK

# DRIVER

**REMARKS:**

Run pipe to 690' pump 10 bbls H<sub>2</sub>O  
mix 50SK disp 5 1/2 bbls H<sub>2</sub>O  
pipe at 300' mix 50SK disp 1/2 bbls H<sub>2</sub>O  
pipe at 60' mix 20SK  
mix 30SK for rot hole  
mix 20SK for mesh hole

CHARGE TO: American Exercise

STREET

CITY STATE ZIP

CEMENT AMOUNT ORDERED 170 SK 60:40:4%gd

COMMON class A 102SK @ 16.25 1657.50

POZMIX 68SK @ 8.50 578.00

GEL 6SK @ 21.25 127.50

CHLORIDE @

ASC @

@

@

@

@

@

@

@

HANDLING 178 @ 2.25 293.70

MILEAGE 15.11/178 344.00

TOTAL ~~3057.20~~

3057.20

**SERVICE**

DEPTH OF JOB 690'

PUMP TRUCK CHARGE 1250.00

EXTRA FOOTAGE @

MILEAGE 30 @ 7.00 210.00

MANIFOLD @

Light Vehicle 30 @ 4.00 120.00

@

TOTAL 1580.00

**PLUG & FLOAT EQUIPMENT**

@

@

@

@

@

TOTAL

SALES TAX (if Any)

TOTAL CHARGES ~~1580.00~~

DISCOUNT IF PAID IN 30 DAYS

~~1580.00~~

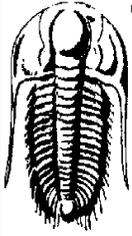
To Allied Cementing Co., LLC.  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME MIKE KEAN

SIGNATURE Mike Kean

1111





**TRILOBITE**  
TESTING, INC

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

American Energies

**Durdrey #6-36**

155 N Market Ste 710  
Wichita, KS 67202

**36-29S-12W Pratt**

Job Ticket: 042432

**DST#: 2**

ATTN: David Barker

Test Start: 2011.04.20 @ 04:33:11

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

100000 ppm

Viscosity: 42.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 11.99 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 0.20 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
185.00	Water	1.475
84.00	SOWCM 2%O 18%W 80%M	1.178
0.00	1800 Feet GIP	0.000

Total Length: 269.00 ft

Total Volume: 2.653 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

### Pressure vs. Time

