

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

the same are true and correct, so help me God.

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

#### 1059058

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 #:			A	PI No.	15		
Name:							
Address 1:	_	Sec Twp S. R East					
Address 2:			_	Feet from North / South Line of Secti			
City:	State:	Zip:+	_				
Contact Person:			F	ootage	s Calculated from Near	est Outside Section C	orner:
Phone: ( )					□ NE □ NW □	SE SW	
Type of Well: (Check one)	oil Well Gas Well	OG D&A Cathod	ic c	ounty:			
Water Supply Well C	Other:	SWD Permit #:		•	ame:		
ENHR Permit #:	Gas Sto	rage Permit #:			ell Completed:		
Is ACO-1 filed? Yes	_	l log attached? Yes			gging proposal was appi		
Producing Formation(s): List A	II (If needed attach another	sheet)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Depth to	Top: Botto	m: T.D			g Commenced:	•	,
Depth to	Top: Botto	m: T.D			Completed:		
Depth to	Top: Botto	m:T.D	「	iuggiriç	g Completed		_
Show depth and thickness of a	all water, oil and gas forma	ations.					
Oil, Gas or Water	Records		Casing Rec	ord (Su	rface, Conductor & Produ	uction)	
Formation	Content	Casing	Size		Setting Depth	Pulled Out	
Describe in detail the manner cement or other plugs were us	. 00						
Plugging Contractor License #:							
Address 1:			Address 2:				
City:			S	tate:		Zip:	+
Phone: ( )							
Name of Party Responsible fo	r Plugging Fees:						
State of	County			SS			
	Oounty, _						
	(Print Name)			E	mployee of Operator or	Uperator on ab	ove-described well,

**Submitted Electronically** 

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

Mike's Testing & Salvage Inc

P O Box 467 Chase, KS 67524

# Invoice

Date	Invoice #
6/21/2011	12819

Bill To

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

569V

	•	P O. No	Lease	County
		Graber A-1	McPherson	
Qty	Descript	on	Rate	Amount
4	Hours Rtg Time Sacks Cement Sand Casing Cutter  5 20-11 Rigged up on location, rod were parte tubing to rod part. Layed down rest of Hours  5 21 11 Finished laying down tubing, checked bottom with sand to 2990' and 4 sacks rigged up floor, pulled slips, had 7" of @725', pulled up to 400' 10 Hours  5-23 11 Copeland Cementers pumped 160 sks C C @400' 5-26-11 Ran poly pipe to 135' and circulated 78 Plugging Complete Sales Tax	f rods and 75 jts of tubing hole with bailer, plugged cement. Dug cellar and p stretch. Cut easing loose cement. 200# hulls & 3 b	ed off it,	90.00 3,800.00 12.50 50.00 40.00 40.00 50.00 250.00
			Total	\$4,442.22

**COPELAND** 

Acid & Cement

**POST OFFICE BOX 438** HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

Invoice

Page: 1

JUN 0 1 2011

BURRTON, KS & GREAT BEND, KS (620) 463-5161

FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C37688-IN

BILL TO:

AMERICAN ENERGIES CORP. P.O. BOX 516 **CANTON, KS 67428** 

LEASE: GRABBER-1

Graber A -195092 Plugging Well - #10571129

## ENTERED Le-2-11 EST

DATE	DATE ORDER SALESMAN ORDER DATE PURCHASE ORDER			SPECIAL	SPECIAL INSTRUCTIONS		
05/31/2011	C37688			***************************************		NET 30	
QUANTITY	U/M	ITEM NO./DI	ESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP	CHARGE		0.00	650.00	650.00
78.00	SAX	60-40 POZ MIX 4	1%		0.00	9.69	755.82
12.00	MI	CEMENT MILEA	GE PUMP TRUCK		0.00	4.00	48.00
1.00	HR	POLY TRAILER DISCOUNT FOR	RENTAL R <b>Multi Wells</b>		0.00	200.00	200.00
24.00	МІ	CEMENT MILEA	GE PU TRUCK		0.00	2.00	48.00
78.00	EA	BULK CHARGE	BULK CHARGE			1.25	97.50
0.50	МІ	BULK TRUCK - 1	ON MILES 1/2		0.00	150.00	75.00
	·						
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 RECEIVED BY		FUEL SURCHARGE MILEAGE, PUMP A	COP-B  FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MCPC	Net Invoice: O Sales Tax: Invoice Total:	1,874.32 62.05 1,936.37
		NET 30 DAYS			The state of the s	.,,	

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.



# FIELD ORDER Nº C 37688

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

Well No. Customer Order No.  State County More State County State Coun				310-524-1225	DATE Non	24	20 1
Oct Treat Woll as Follows: Lease See See See See See See See See See S	IS AUTHORI	ZED BY:	American En	AND OF CHISTOMERS.			All and a second
To Treat Well as Follows: Lease Substance of the agreed that Copeland Acid Service has a part of the consideration hereof it is agreed that Copeland Acid Service has an above or treat at covers risk, the hereinbefore manifolined well and to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made on deprecentation, expression piled, and no representations have been relied on, as to what may be the results or of fetor of the servicing or treating said well. The consideration of said to what may be the results or of fetor of the servicing or treating said well. The consideration of said to what may be the results or of fetor of the servicing or treating said well. The consideration of said counted slowed subsequent to such date. The inference will be charged after 60 days. Total charges are subject to correction. The undersigned represents himself to be duly authorized to eight his order for well owner or operator.  HIS ORIGER MUST BE SIGNED  CODE QUANTITY  DESCRIPTION  DESCRIPTION  DESCRIPTION  DESCRIPTION  OST  AMOUNT  CODE QUANTITY  DESCRIPTION  CODE QUANTITY  CODE QUANTITY  DESCRIPTION  CODE QUANTITY  DESCRIPTION  CODE QUANTITY  CODE QUANTITY  CODE QUANTITY  CODE QUANTITY  DESCRIPTION  CODE QUANTITY  CODE QUA	Address					State	
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at to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representations, he was been relied on, as to what may be the results or effect of the servicing or treating said wall. The consideration of said service saments payables. There will be no discount allowed subsequent to such date. Six interest will be charged after 60 days. Total charges are subject to correction. The underlighted represents himself to be duly authorized to sign this order for well owner or operator.  HIS ORDER MUST BE SIGNED  GODE QUANTITY  DESCRIPTION  By  Agent  GODE QUANTITY  DESCRIPTION  Bulk Charge  Bulk Charge  Bulk Charge  Frocess License Fee on  Gallons  Total the above material has been accepted and used; that the above service was performed in a good and workmanik, manner under the direction suppervision and optirol of the owner, operator or his agent, whose signature appears below.  Copeland Representative  Well Owner, Operator or Agont	Sec. Twp. Range			_ County <u>MCP</u>	16230 m	State	
CODE QUANTITY DESCRIPTION UNIT COST AMOUNT  COST AMOUNT  Bulk Charge  Bulk Charge  Bulk Truck Miles  Process License Fee on Gallons  TOTAL BILLING  Lertify 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  Station  Well Owner, Operator or Agent	not to be held I mplied, and no reatment is pay our invoicing de	able for any dar representations rable. There will partment in acc	nage that may accrue in connection wit have been relied on, as to what may b be no discount allowed subsequent to ordance with latest published price sch	h said service or treatmer the results or effect of th such date. 6% interest wi edules.	nt. Copeland Acid Service le servicing or treating said Il be charged after 60 days.	has made no represe well. The considera	entation, expressed of ation of said service of
CODE QUANTITY DESCRIPTION UNIT AMOUNT  COST					Bv		
Bulk Charge  Bulk Truck Miles  Process License Fee on Gallons  TOTAL BILLING  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  Well Owner, Operator or Agent		T	Well Owner	or Operator			
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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  Station  Well Owner, Operator or Agent  Remarks		L. L	Bulk Truck Miles	Chia 1	·		75
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  Station  Well Owner, Operator or Agent  Remarks			Process License Fee o	n	Gallons		
Copeland Representative  Station  Well Owner, Operator or Agent  Remarks					TOTAL BILLING	i	11/14.32
Well Owner, Operator or Agent Remarks	manner ( Copeland	inder the dire	ection, supervision and control of	nd used; that the abo of the owner, operato	ove service was perfo r or his agent, whose	rmed in a good a signature appea	ind workmanlike irs below.
RemarksNET 30 DAYS		The state of the s	The state of the s		Well Owner, Op	erator or Agent	
	Remarks			NET 30 DAYS			



### TREATMENT REPORT

Acid Stage No Top Off

1	,	•			Type Treatment:	Amt.	Type Fluid	Sand Size	Founds of Sand
Dute 5 94	4DI	acrice Lange	F. 0	No	Bkdown	Bbl. /Gal.	~!4!!!***!!	**** **********************************	*************************
CompanyS	ZIXXXXX	man Engl	grea Cas	<i>(</i> 3	1/11/**********************************	Bbl. /Gal.	**************************************	**** **************	***************************************
Well Name &	no Carred	Jack #1			*************	Bbl. /Gal.	*************************	**** *************	************************
Location	***********	***************************************	Fleld		#1F*************	Bbl. /Gal.	»««»»««»«»«»«»««»««»«»««»«»««»«»«»««»»««»»««»»«»«	**** ********	***************************************
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				to					
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Open Hole Six	e	т.р		i toft.		A	<i>71</i> <b>7</b>		
Company 1	Representativ	·c	· · · · · · · · · · · · · · · · · · ·		Treater	Genn G	<u> </u>		
TIME a.m /p.m.	PRES Tubing	SURES Casing	Total Fluid Pumped			REMAR	x s	and the state of the state of	
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**COPELAND** 

Acid & Cement

**POST OFFICE BOX 438** HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

BURRTON, KS . GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C37685-IN

BILL TO:

AMERICAN ENERGIES CORP. P.O. BOX 516 **CANTON, KS 67428** 

LEASE: GRABBER 1

Invoice

DATE (	ATE ORDER SALESMAN ORDER DATE PURCHASE ORDER		ORDER	SPECIAL INSTRUCTIONS			
05/25/2011	C37685	05/23/2011			NI	ET 30	
QUANTITY	U/M	ITEM NO./DE	ITEM NO./DESCRIPTION			PRICE	EXTENSION
1.00 E	≣A	CEMENT PUMP	CHARGE		0.00	650.00	650.00
160.00	SAX	60-40 POZ MIX 4	%		0.00	9.69	1,550.40
3.00	3AX	CALCIUM CHLO	RIDE - SAX		0.00	40.00	120.00
200.00 L	<b>.</b> B	COTTONSEED H	iulls		0.00	0.35	70.00
23.00	ΛI	CEMENT MILEA	GE PUMP TRUCK		0.00	4.00	92.00
160.00 E	EA	BULK CHARGE			0.00	1.25	200.00
161.92	<b>v</b> II	BULK TRUCK - T	ON MILES		0.00	1,10	178.11
REMIT TO:			СОР-В			Net Invoice:	2,860.51
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.				47.45	
RECEIVED BY				<u> </u>		Invoice Total:	2,907.96
			NET 30 DAYS .5% "per month" (18%				

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service
Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code

Acid & Cement

FIELD ORDER № C 37605

# BOX 438 • HAYSVILLE KANSAS 67060

		316-524-1225	re.	
		<b>.</b>		20
IS AUTHOR	IZED BY:	(NAME OF CUSTOMEF)	1	
Address		City	State	
	" (~			
	Lease <u>\@.\</u>	Well No Custom		1
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not to be held mplied, and no realment is ps our invoicing d The unders	lisbie for any dai o representations syable. There wil lepartment in acc	consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners mage that may accrue in connection with said service or treatment. Copeland Acid Service have been relied on, as to what may be the results or effect of the servicing or treating said be no discount allowed subsequent to such date. 6% interest will be charged after 60 days ordance with latest published price schedules.  himself to be duly authorized to sign this order for well owner or operator,	has made no repres I well. The consider	sentation, expressed ration of said service
	(IS COMMENCED	Wall Owner or Operator	Agent	· · · · · · · · · · · · · · · · · · ·
CODE	QUANTITY	DESCRIPTION	UNIT	AMOUNT
	23/////		COST	ANOUNT
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				Yes Yes
	160	Bulk Charge		300
- =	16/20	Bulk Truck Miles		150
A		Process License Fee on Gallons	-	
		TOTAL BILLING	<u>-</u>	
manner	that the above under the dire d Representativ	2.2.	signature appea	and workmanlike ars below.
Remarks		Wall Owner, Op	erator of Agent	
THITIGING		NET 30 DAYS		

### TREATMENT REPORT

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u5(2	ام دراد	- Pur	eter .	Type Treatment: Aml. Type Pluid Sand Size Founds of Sand O. No. Bbt. /Ual.
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Liner: Size	Type & W	L	Top at	tt. Bottom at
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			THOMAS TO TOTALLY	Plusting or Scaling Materials: Type 160 Scale 60-40-48 fbz
thum Mate file	_	<b>-</b>	4	
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Company F	Lepresentative			Treater 17 (4)
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