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

# **KANSAS CORPORATION COMMISSION**

**OIL & GAS CONSERVATION DIVISION** 

1059071

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

Form CP-4

#### WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	Sec Twp S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)       Oil Well       Gas Well       OG       D&A       Cathodic         Water Supply Well       Other:       SWD Permit #:       SWD Permit #:       SWD Permit #:         ENHR Permit #:       Gas Storage Permit #:       Gas Storage Permit #:       SWD Permit #:       SWD 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)	County: Well #: 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	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 Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		or or Operator on abc	
haing first duly sugars an asthe says	That I have be availed as a fith a factor	statements, and matters barain contained, and the l	on of the chours described	wall is as filed and

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

Mike's Testing & Salvage Inc

P O Box 467 Chase, KS 67524

# Invoice

Date	Invoice #
6/21/2011	12820

Bar

#### Bill To

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

	PO No.	Lease	County
· · · · ·	<u> </u>	Schrag B-3	Harvey
Qty Desi	cription	Rate	Amount
<ul> <li>Hours Rig Time</li> <li>Sacks Cement</li> <li>Sand</li> <li>Casing Cutter</li> <li>5-23-11</li> <li>Rigged up on location, layed rod</li> <li>5-24-11</li> <li>Checked hole with bailer, plugge and 4 sacks cement Dug cellar a slips, had 7" of stretch Cut pipe Hours</li> <li>5-25-11</li> <li>Copeland Cementers pumped 166</li> <li>5-26-11</li> <li>Ran poly pipe to 170' pumped 96 surface. Plugging Complete. Sales Tax</li> </ul>	d off bottom with sand to 314 nd pit, rigged up floor, pulled loose @700', pulled up to 400 ) sacks cement @400' 4 Hrs.	0' ' 9 to	00.00         3,610.00           2.50         50.00           0.00         40.00           0.00         250.00           30%         327.85
	<u> </u>	Total	\$4,277 85



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

# Acid & Cement

(620) 463-5161 FAX (620) 463-2104

सुन्दे

BURRTON, KS 💧 GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

> BILL TO: AMERICAN ENERGIES CORP. P.O. BOX 516 **CANTON, KS 67428**

Invoice

班林 01200

INVOICE NUMBER: C37687-IN

LEASE: SCHRAGB3 . 195092 Augging Well - # 10401024

FNTERED 10-2-11 ET

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	E ORDER	SPECIAL			
05/31/2011	C37687		05/25/2011				NET 30		
QUANTITY	U/M	ITEM NO./DE	SCRIPTION		D/C	PRICE	EXTENSION		
1.00	EA	CEMENT PUMP	CHARGE	Yhan	0.00	650.00	650.00		
160.00	SAX	60-40 POZ MIX 4	%		0.00	9.69	1,550.40		
3.00	SAX	CALCIUM CHLOF	RIDE - SAX		0.00	40.00	120.00		
150.00	LB	COTTONSEED H	ULLS		0.00	0.35	52.50		
24.00	МГ	CEMENT MILEAG	E PUMP TRUCK		0.00	4.00	96.00		
160.00	EA	BULK CHARGE			0.00	1.25	200.00		
168.96	МІ	BULK TRUCK - TO	BULK TRUCK - TON MILES			1.10	185.86		
							-		
REMIT TO: P.O. BOX 43	38		COP-B			Net Invoice;	2 054 70		
HAYSVILLE	, KS 67060	FUEL SURCHARGE I MILEAGE, PUMP AN	S NOT TAXABLE AND IS D OR DELIVERY CHAR	ADDED TO	HAYCO		2,854.76 53.95		
RECEIVED BY			T 30 DAYS			Invoice Total:	2,908.71		

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

Copeland Acid & Cement is a subsidiary of Gressel Oll 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



### TREATMENT REPORT

Acid Stage No.

	L.	0			Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Date 5/20	<u>д 1)</u> рі	trict. Exile		. No	Bkdown	Bbl. /Gal.		••••	••••••
Company	Dangerie	is Energy	6	, NO		Bbi. /Gai.	** } ** ] ** * ** ** ** ** ** ** ********	••••	B4
Well Name &	No. Salar	E. B. soit	0 ,	*****	•••••••••	Bbi. /Gal.	****		*****
Location		<i></i>					****		
County	and the second		State 5	×	Flush	Bbi. /Gai.			
	· _ )				Treated from		ft. to	ft. No. 1	't
Cusing: Size.	4/2	Type & Wt	***	Set at 400 rt.	trom		ft. 10	ft. No. 1	t
Formation				to	from		ft. to	ft. No,	<b>t</b> ,
Formation:		4		to				(	501
Formation					Actual Volume of	Oll/Water to Lo	ad Holet		Bbi / Gul.
				Bottom atft.	Pump Trucks, No	Used: Std.	<u>S</u>		'in
				ft, toft.		ent Bulk	Truch 322		
	•				1				
								******	
					Plugging or Sealin	ng Muterials: Ty	. 160 sede	60-40	-420
thus Mote Sh	ie	<b>T</b> 1)	46 LB 1	l. to.,		e Rad	6 (C	Gale	
Chen Hote of						T	77		<u></u>
Commune	Representativ	•			Treater	Sun A	41		
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TIME (a.m./p.m.	Tubing	Casing	Total Fluid Pumped			ŔEMAR	x s		
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**POST OFFICE BOX 438** HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

## Acid & Cement

(620) 463-5161 FAX (620) 463-2104

BURRTON, KS 🍐 GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

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Page: 1

JUN 0 1 2011

INVOICE NUMBER: C37689-IN

LEASE: SCHRAG B 3 - 195092 Plugging Well - # 10401024

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

ENTERED 62-11-55

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER SPECIAL INSTRUCTIONS		NSTRUCTIONS	
05/31/2011	C37689		05/26/2011				NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION D/C			PRICE	EXTENSION		
1.00	EA	CEMENT PUMP	CHARGE		0.00	650.00	650.00	
90.00	SAX	60-40 POZ MIX 4	%		0.00	9.69	872.10	
12.00	MI	CEMENT MILEAG	GE PUMP TRUCK		0.00	4.00	48.00	
1.00	HR	POLY TRAILER F	RENTAL		0.00	200.00	200.00	
24.00	МІ	CEMENT MILEAC	GE PU TRUCK		0.00	2.00	48.00	
90.00	EA	BULK CHARGE	BULK CHARGE			1.25	112.50	
0.50	мі	BULK TRUCK - T	ON MILES		0.00	150.00	75.00	
REMIT TO: P.O. BOX 43			COP-B			Net Invoice:	2,005.60	
HAYSVILLE,		FUEL SURCHARGE MILEAGE, PUMP A	IS NOT TAXABLE AND IS ND OR DELIVERY CHAR	S ADDED TO GES ONLY.			70.55 2,076.15	
RECEIVED BY		N	ET 30 DAYS					

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

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 37659
		22000
	BOX 438 • HAYSVILLE, KANSAS 6	57060
	316-524-1225	DATE Man Ala 2011
IS AUTHORIZED BY:	Engine Care	DATE 11 100 00 00 11
Address	(NAME OF CUSTOMER)	
	City	State
To Treat Well As Follows: Lease	Well No	Customer Order No
Sec. Twp. Sec. T	County Hereinen	State

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.

By\_\_\_

Well Owner, Operator or Agent

\_\_\_\_

#### THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED.

ei - 10 A

			Agent	· · · · · · · · · · · · · · · · · · ·
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pune Char for ply Job		630
	SIDE	Col-40-492 Poz (2007 sal.		872 12
	12.05	~ Va of Ina miley & 19/ Dile		418
	1	Paly TRailer Vental 1		A00-7
	den al	Pidem miles Carlinite		48
· · ·				
		*		
		· · · · · · · · · · · · · · · · · · ·		
	- CAP	Bulk Charge wy min cly x		112 20
	Y2	Bulk Truck Miles and Intern Char		75-22
		Process License Fee onGallons		
		TOTAL BILLING		JUDSIEU
I certify th	at the above	material has been accepted and used; that the above service was performe	d in a good a	ind workmanlike
mannera		cition, supervision and control of the owner, operator or his agent, whose sign	nature appea	rs below.
Copeland	Representativ	e_stante (k2/1		
Station	12aur	and the second sec		

#### Remarks

ľ

NET 30 DAYS



### TREATMENT REPORT



			Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Band
Date 5 2411 District 544	. <b>F.</b> C	. No	Bkdown	Bbl./Gat		••••• ••••••••••••••••••	
Company Algertan End	ungeneres hand a la	4A		Bbi. /Gai			
Weil Nume & No.				Bbi./Gal			
Location	- 12			Bbl./Gal			
County Handlery	State		Flush				
and the second			Treated from				
Casing: Size Type & Wt		Set at		ft,			
Formation;	Perf	to	from	ft.	tu	fi. No. 1	<u>it</u>
Formation:			Actual Volume of (	)]]/Water to Load	Hole:		
Formation:					······································		
Liner: Size Type & Wt			Pump Trucks. No. Auxiliary Equipme	Used: Std.	2		'ln
Cemented: Yes /No. Perforated fre	om	ft. toft.	Auxiliary Equipme				
Tubing: Size & WEND			Packer:	SIL TRail	<	Set #1	ft,
Perforated from	fl. to	<u></u> <u>R</u>	Auxiliary Tools	EPICA IN	SAcola.	1mm	219
Oven Hole Size	ft, P.1	s. to		7	7 7		
			(Countries )	The A	A		
Company Representative			_ Treater	<del>Bar (</del>	<u></u>		
TIME PRESSURES	Total Fluid Pumped		_	REMARK	8		
9:40		Chi breat.	0.	· · · · · · · · · · · · · · · · · · ·	1<14	a a 17 a ta sa sa sa	, <u>, , , , , , , , , , , , , , , , , , </u>
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