

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

1059140

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 #:			/	API No. 1	5			
Name:				Spot Desc	cription:			
Address 1:			-		Sec Tw	p 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 Neares	st Outside Section Corner:			
Phone: ()					NE NW	SE SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic (County:				
Water Supply Well	Other:	SWD Permit #:		-		Well #:		
ENHR Permit #:	Gas Sto	orage Permit #:	l ,	Date Well	Completed:			
Is ACO-1 filed? Yes	No If not, is wel	I log attached? Yes				oved on: (Date)		
Producing Formation(s): List	All (If needed attach another	r sheet)	ı	oy:		(KCC District Agent's Name)		
Depth to	o Top: Botto	m: T.D	— I ,	Pluaaina (Commenced:			
Depth to	·	m: T.D	— I ,					
Depth to	o Top: Botto	m:T.D		00 0	•			
Show depth and thickness of		ations.						
Oil, Gas or Wate	r Records		Casing Red	g Record (Surface, Conductor & Production)				
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
		ed, indicating where the mud same depth placed from (bot				Is used in introducing it into the hole. If		
Address 1:			Address 2:					
				State:		Zip: +		
Phone: ()								
Name of Party Responsible for	or Plugging Fees:							
State of	County, _			, SS.				
	(Drint Nome)			Em	ployee of Operator or	Operator on above-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

0	4/21/20	011	09:49	6 <u>20</u> 6	<u>2</u> 84 <u>4</u> 35		ΔМ	ERICAN	ENERGIE	S		PAGE 01/02		
			AMERICA	N ENEF	RGIES CC	RP,	7\0999	2d		PULLING UN	A MAR	202011		
			P O BOX 516, 136 N MAIN CANTON, KS. 67428				PHONE: 620-628-4424 FAX: 620-628-4435 DATE JOB COMPLETED: 4-18-11 WELL # 1							
					420		DATE JOB CO			1-18-11		winder.		
DATE.	JOBAST	ARTI	ED <u>4-8</u>	<u>-//_</u>			WELL#				_	, ((1)		
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COON	' <u></u>						Acidizing Squeez	Frac W e Job	Workov					
			WORK PE (Please cir-	<u>RFORM</u> cie appr	<u>=u:</u> priate job)				- C Danie					
Pump	Chang	je:	,				Rod Part: :	Size & Tyl her of its.	pe of Repla Down	Kind	of Break			
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Tubin	g Fallu	re:	of .lts Down	ı	Kin	d of Break		Size & Ty	pe of Repla	acement	· · ·			
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Plugo	ing We	<u> </u>	Please Co	mplete li	nformation					4				
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	·		Number of Number of					feet Cr	ementina Ca	mpany: 5	Ste!			
			Number of Total Numb			nt		feet Da Si	ke Plugging tate Pluggin	g Agent:				
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4-14-1	11) Run	ba	Nor down	1- Hai	to Put	wire s	and fwater	down	bole-Sp	of 4 sacks	of cent	nt down hore		
gets	1050	ut-	Put Jack	5 pm l	ut ribe	er on-A	ip at \$25°- Equipment	ru 11. 435	<u>21145 64</u> Feet Size	T 13 MUT //	<u>Θωκι (C</u> Run in We			
<u>Joints</u>		Size		Pulled	rom Well:		Packer	JUIILS	rear ving					
	7,1	712					Anchor Polished Rod							
130	1.0	3/4					Rods							
		3/2	2-2 4-	/ 6'	8'-2	10'	Rods Rod Subs			2' 4'	6'	8' 10'		
7		يرد	11/2-481		44		Pump				,			
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							Barrel Mud Anchor							
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				<u>Sei</u>	<u>vices</u>		<u>Hours</u>	<u>For</u>	<u>Hour</u>		20			
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	\bigcirc	. 1	7 P			1 16	·	Sales Ta		\$				
Signed		w	< \ !	_ 	Date:	9-40	<u>-11</u>	Total D	ue	*				

1 1 2111 El carrier algan un
(4-15-11) Gressel pumped coment down hole-pull 51/2 casing out-chan up coment + equip. Shut down (7-15) (4-18-11) / coment-spot spag's twater down hole-clean location trug doe
coment + equip. shut down (7 hrs)
(4-18-11) / cement - spot spags twater down hole - crean location oragino
ale

RECEIVE:

Page: 1/2

Page: 1

COPELAND

Acid & Cement

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

Invoice

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

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

INVOICE NUMBER: C37661-IN

BILL TO:

AMERICAN ENERGIES CORP. P.O. BOX 516 **CANTON, K\$ 67428**

LEASE: R UNRUH 1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL INSTRUCTIONS		
04/18/2011	C37661		04/15/2011			NET 30		
QUANTITY	U/M	ITEM NO./D	ITEM NO./DESCRIPTION			PRICE	EXTENSION	
1.00	EA	CEMENT PUMP	CHARGE		0.00	600.00	600.00	
345.00	SAX	60-40 4% POZ N	ліх		0.00	9.69	3,343.05	
2.00	SAX	CALCIUM CHLC	PRIDE - SAX		0.00	40.00	80,00	
1.00	LB	COTTONSEED	HULLS		0.00	52,50	52.50	
22.00	МІ	CEMENT MILEA	GE PUMP TRUCK		0.00	3.00	66.00	
345.00	EA	BULK CHARGE	BULK CHARGE			1.25	431.25	
333.96	MI	BULK TRUCK -	BULK TRUCK - TON MILES			1,10	367.36	
REMIT TO: P.O. BOX HAYSVIL	.438 LE, KS 67060		E IS NOT TAXABLE AN		МСРСС	Net Invoice: O Sales Tax:	4,940.16 43.80	
RECEIVED BY		MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. NET 30 DAYS				Invoice Total:		

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

Copeland Acid & Coment, 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 Gode

TREATMENT REPORT

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	ایک	1	Ο	-		tment: Aml.	Type Fiuld	Sand Sire	l'ounds of Band		
						Bbi. /Gsl.					
		no British			ŀ	Bbl. /Gal.					
LOCA	lon		p/3+1 // -/**,++1/;	Field		Bbi. /Gal.					
COUNTY ME Phoreson State X-17						Bbl. /Gal.					
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Form	ation:			, Per(гом.	. It to	ft. No. 1	N,		
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FIELD ORDER Nº C 37653

BOX 438 • HAYSVILLE, KANSAS 67060

			316-524-1225	DATE April	11	on 11
AUTHORI	ZED BY:	American Epe	ins Coeo		-11	20_11
idraee			(NAME OF QUSTOMER)		State	
		Luga				
c. Twp.	13 -2	15 - DW	County PNC	Durson	State	
NDITIONS: to be held li lied, and no atment is pay invoicing de	As a part of the cable for any dan representations vable. There will partment in accurate	consideration hereof It is agreed the may scarue in connection have been relied on, as to what more no discount allowed subseque ordance with latest published pricipinself to be duly authorized to s	at Copeland Acid Service is in with said service or treatm ay be the results or effect of nt to such date. 6% interest a schedules.	to service or treat at owners risk, ent. Copeland Acid Service has the servicing or treating said we will be charged after 60 days. To	, the hereinbefore s made no raprés ell. The considera	entation, expressed ation of said service
	JST BE SIGNED IS COMMENCED	Wed C	Wiler or Operator	By	Agent	
0005	CHANTITY	V T W 12	DESCRIPTION	****	UNIT	AMOUNT
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		Bulk Truck Miles				
		Process License	Fee on	Gallons		
				TOTAL BILLING		
manner	that the above under the direct direc	e material has been accepted to the section, supervision and correct to the section and correct to the	led and used; that the a krol of the owner, opera	above service was performator or his agent, whose s	ned in a good ignature appe	and workmanlik ars below,
Station_		\		Well Owner, Opera	ator of Agent	<u> </u>
Remarks	a Truba there				

NET 30 DAYS

Acid Stage No.



TREATMENT REPORT

	,	~			Type Treatment:	Amt.	Type Fluid	Band Bize	l'uunds of Hand
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Yormation:					Autual Volume of (1/.	
Formation:									······································
Liner: Size	Type & Wt		Top atft.	Bottom at	Pump Teucks. No.	U == 4 : H14	5 <u> ыр.,</u>	T	dn
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FIELD ORDER Nº C 37656

BOX 438 • HAYSVILLE, KANSAS 67060

			316-524-17	225 C	DATE April	13	20
SAUTHORI	ZED BY:	American En	PALIFOR (NAME OF CU	TOMER)			
ddress			City		· · · · · · · · · · · · · · · · · · ·	State	
o Treat Well s Follows:	Lease 🖳	Uneub	Well No.		Customer (Order No	
ec. Twp. Clange	B-21	<u>8-2w</u>	County	10 Phoeso	<u> </u>	State	<u> </u>
et to be held li aplied, and no eatment is pay ar invoicing de	able for any dei representations rable. There will spartment in acc	consideration hereof it is agree mage that may accrue in conns have been relied on, as to while he no discount allowed subsections with latest published; himself to be duly authorized.	ection with said service o at may be the results or e quent to such date. 6% i orice schedules.	r treatment. Copi effect of the service nterest will be cha	eland Acid Service has cing or treating said we arged after 60 days. To	made no repre II. The conside	isentation, expressed o iration of said service o
	IST BE SIGN E D IS COMMENCED)	all Owner or Operator		By	Agent	
CODE	QUANTITY		DESCRIP	TION		UNIT	AMOUNT
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				T	OTAL BILLING		15660
manner Copelan	under the di	re material has been accrection, supervision and divine the supervision and	epted and used; that antrol of the owner	it the above se, operator or h	ervice was perform is agent, whose si	ed in a good gnature app	I and workmanlike ears below.
Station_	124	K K K K K K K K K K K K K K K K K K K			Well Owner, Opera	tor or Agent	
Remarks	S	<u> </u>	NET 30	DAVS			
			14-1-00	~~!			

Acid Stage No.



TREATMENT REPORT

Well Name & No	Dinerior Bush	engles La	No.	Type Treatment: Amt, Bkdown		1114 141411111111111111111111111111111					
Casing: Size. 52 Formation: Formation: Thermation: The therma	Type & Williams	Pert Pert Pert	Bottom utft.	Treated from tt. to ft. No. ft							
Perforated			. to.,,,,, ft.	Auxiliary Tools	ре		he .a/.a/661ft=\task\temaktmiss				
CP	Ibing Cooling	Total Finish Fumped	Stort of	ranged survive or Edicate 12 RAM Con Tuby Release	Anti Jas Doubou Longo los Longo los Adres Lead	in com					