



**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: \_\_\_\_\_



1059620

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 24142

=====  
Invoice Date: 05/19/2011 Terms:

Page 1

AMERICAN ENERGIES CORPORATION  
155 N. MARKET SUITE 710  
WICHITA KS 67202  
(316) 263-5785

ADE 1-6  
30558  
6-19S-1E  
05-16-11  
KS

*2026.001*

Part Number	Description	Qty	Unit Price	Tota
1104S	CLASS "A" CEMENT (SALE)	140.00	14.2500	1995.0
1102	CALCIUM CHLORIDE (50#)	394.00	.7000	275.8
1118B	PREMIUM GEL / BENTONITE	263.00	.2000	52.6
1107	FLO-SEAL (25#)	35.00	2.2200	77.7

Description	Hours	Unit Price	Tota
439 TON MILEAGE DELIVERY	329.00	1.26	414.5
520 CEMENT PUMP (SURFACE)	1.00	775.00	775.0
520 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.0

ENTD JUN - 2

=====  
Parts: 2401.10 Freight: .00 Tax: 175.28 AR 3965.9  
Labor: .00 Misc: .00 Total: 3965.92  
Sublt: .00 Supplies: .00 Change: .00  
=====

Signed \_\_\_\_\_

RECD MAY 24 2011

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 30558  
LOCATION Eureka 70  
FOREMAN Dan Butler

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

API # 15-115-21422-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
5-16-11	1040	ADE # 1-6	6	19S	1E	Marion												
CUSTOMER			<table border="1"> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> <tr> <td>520</td> <td>John</td> <td></td> <td></td> </tr> <tr> <td>439</td> <td>JP</td> <td></td> <td></td> </tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	John			439	JP		
TRUCK #	DRIVER	TRUCK #					DRIVER											
520	John																	
439	JP																	
MAILING ADDRESS			Safety meeting															
CITY			JS															
STATE																		
ZIP CODE																		
Wichita																		
KS																		
67202																		

JOB TYPE surface 8 HOLE SIZE 12 1/4 HOLE DEPTH 2' CASING SIZE & WEIGHT 8 3/8  
 CASING DEPTH 221' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5 # SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 20'  
 DISPLACEMENT 12.75 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: safety meeting - rig up to 8 3/8 casing broke circulation w/ fresh water pumped 5 bbls water ahead. mixed 140 sks class A cement w/ 3% CaCl2, 2% Gel 1/4" Flo-seal/sk at 14.5 #/gal Displace with 12.75 bbls fresh water shut well in Good cement return to surface circulated 11 bbls slurry to pit job complete rig down

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	775.00	775.00
5406	50	MILEAGE	4.00	200.00
1104S	140 sks	Class A cement	14.25	1995.00
1102	394 #	CaCl2 3%	.70	275.80
1118B	263 #	Gel 2%	.20	52.60
1107	35 #	Flo-seal 1/4"/sk	2.22	77.70
5407A		Ton Mileage bulk truck	1.26	414.54
				RECD MAY 24 2011
			Sub Total	3790.64
			7.3% SALES TAX	175.28
			ESTIMATED TOTAL	3965.92

Ravin 3737

AUTHORIZATION Dan Butler

TITLE LTH

DATE 5-16-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 241557

Invoice Date: 05/24/2011 Terms:

Page 1

AMERICAN ENERGIES CORPORATION  
155 N. MARKET SUITE 710  
WICHITA KS 67202  
(316)263-5785

ADE 1-6  
30582  
6-19-1E  
05-20-11  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	150.00	18.3000	2745.00
1110A	KOL SEAL (50# BAG)	750.00	.4400	330.00
4453	4 1/2" LATCH DOWN PLUG	1.00	232.0000	232.00
4226	INSERT FLOAT VALVE W/ AF	1.00	161.0000	161.00
4201	GUIDE SHOE 4 1/2"	1.00	115.0000	115.00
4129	CENTRALIZER 4 1/2"	4.00	42.0000	168.00
4103	CEMENT BASKET 4 1/2"	1.00	218.0000	218.00

Description	Hours	Unit Price	Total
520 CEMENT PUMP	1.00	975.00	975.00
520 EQUIPMENT MILEAGE (ONE WAY)	50.00	4.00	200.00
543 TON MILEAGE DELIVERY	412.50	1.26	519.75

Parts: 3969.00 Freight: .00 Tax: 289.74 AR 5953.49  
 Labor: .00 Misc: .00 Total: 5953.49  
 Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GILLETTE, WY  
307/688-4914

OAKLEY, KS  
785/672-2227

OTYAWA, KS  
785/242-4044

THAYER, KS  
620/889-8289

WORLAND, WY  
307/347-4577



**CONSOLIDATED**  
Oil Well Services, L.L.C.

**ENTERED**

TICKET NUMBER 30582

LOCATION Fureka

FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8878

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

API # 15-115-21422

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-20-11	1040	ADE # 1-6	6	19	1E	Marion
CUSTOMER <u>American Energies Corp.</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>155 N. Market St 716</u>			520	John		
CITY <u>Wichita</u>			543	Allen B.		
STATE <u>KS</u>		ZIP CODE <u>67202</u>				

JOB TYPE logstring B HOLE SIZE 7 7/8" HOLE DEPTH 2960' CASING SIZE & WEIGHT 4 1/2" 11.6"  
 CASING DEPTH 2962' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.4" SLURRY VOL 45 bbl WATER gal/sk 8.0 CEMENT LEFT IN CASING 10' 55"  
 DISPLACEMENT 45.9 bbl DISPLACEMENT PSI 600 MAX PSI 1050 Bump plug \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 15 bbl fresh water. Mixed 150 sacks thickset cement w/ 5# Kal-seal/sk @ 13.4"/gal. yield 1.69. Washout pump + lines, release latch down plug. Displace w/ 45.9 bbl fresh water. Final pump pressure 600 PSI. Bump plug to 1050 PSI. release pressure, float + plug hold. Good circulation @ all times while cementing. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	50	MILEAGE	4.00	200.00
1126A	150 sacks	thickset cement	18.30	2745.00
110A	750#	5# Kal-seal/sk	.44	330.00
5407A	8.25	ten mileage bulk tax	1.26	517.25
4453	1	4 1/2" latch down plug	232.00	232.00
4226	1	4 1/2" AFU insert	161.00	161.00
4201	1	4 1/2" guide shoe	115.00	115.00
4129	4	4 1/2" centralizers	42.00	168.00
4103	1	4 1/2" basket	219.00	219.00
			subtotal	5663.75
			7.3%	SALES TAX
				289.74
				ESTIMATED TOTAL
				5953.49

Rev 01 9737

AUTHORIZATION [Signature]

TITLE Production Mgr.

DATE 5-20-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Company **American Energies Corporation**  
 Address **155 North Market, Suite 710**  
 CSZ **Wichita, KS 67202**  
 Attn. **Dave Barker**

Lease Name **ADE**  
 Lease # **1-6**  
 Legal Desc **SE NW SE**  
 Section **6**  
 Township **19S**  
 County **Marion**  
 Drilling Cont **C & G Drilling #2**

Job Ticket **3432**  
 Range **1E**  
 State **KS**

Comments **Field: Wildcat**

**GENERAL INFORMATION**

Test # 1  
 Tester **Jimmy Ricketts**  
 Test Type **Conventional Bottom Hole**  
**Successful Test**  
 # of Packers **2.0** Packer Size **6 3/4**

Chokes **3/4** Hole Size **7 7/8**  
 Top Recorder # **11027**  
 Mid Recorder #  
 Bott Recorder # **w1023**

Mud Type **Gel Chem**  
 Mud Weight **9.3** Viscosity **48.0**  
 Filtrate **9.6** Chlorides **1000**

Mileage **160** Approved By  
 Standby Time **0**  
 Extra Equipmnt **Jars & Safety Joint**  
 Time on Site **9:20 AM**  
 Tool Picked Up **9:50 AM**  
 Tool Layed Dwn **5:30 PM**

Drill Collar Len **306.0**  
 Wght Pipe Len **0**

Elevation **1551.00** Kelley Bushings **1560.00**

Formation **Mississippian**  
 Interval Top **2849.0** Bottom **2897.0**  
 Anchor Len Below **48.0** Between **0**  
 Total Depth **2897.0**

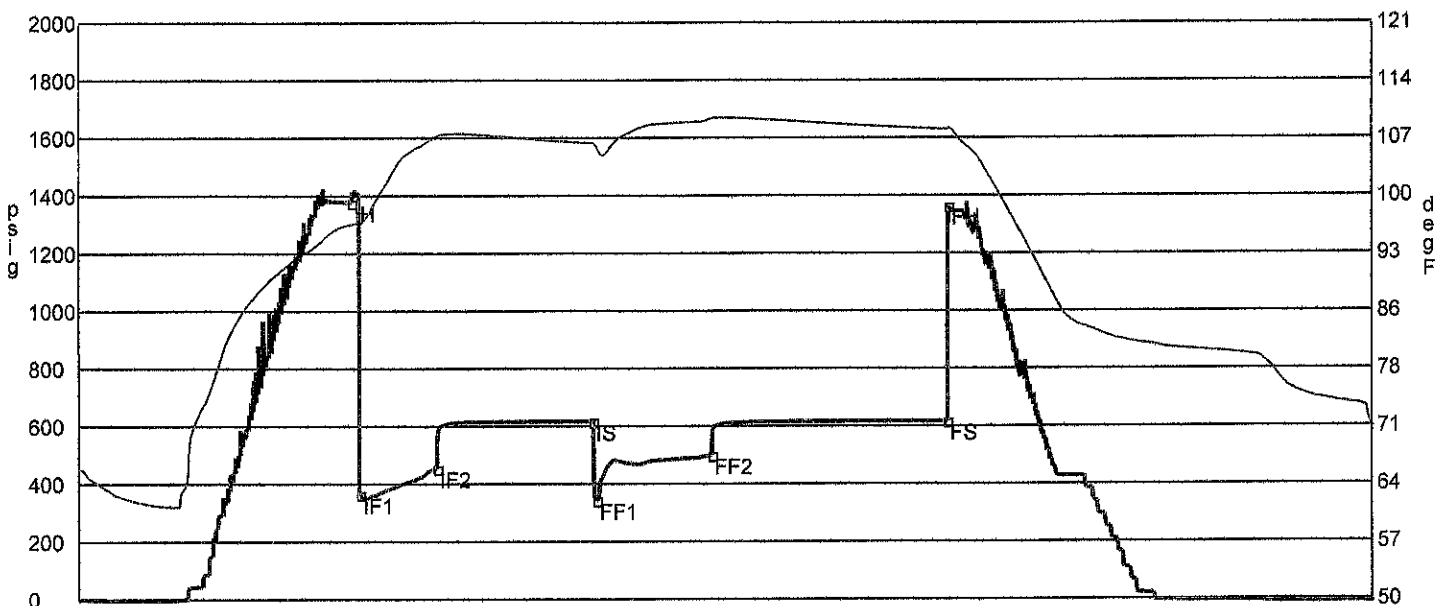
Start Date/Time **5/19/2011 9:44 AM**  
 End Date/Time **5/19/2011 5:59 PM**

Blow Type **Strong blow throughout initial flow period with gas to surface in 3 minutes. Strong blow back during initial and final shut-in periods. Strong blow throughout final flow period. Times: 30, 60, 45, 90.**

**RECOVERY**

Feet	Description	Gas	Oil	Water	Mud
40	Oil cut water	0% 0ft	3% 1.2ft	0% 0ft	97% 38.8ft
870	Salt water	0% 0ft	0% 0ft	100% 870ft	0% 0ft

DST Fluids **49000**



	Date	Time	Pressure	Temp	
IH	5/19/2011 11:27:10 AM	1.719444	1377.234	96.17	Initial Hydro-static
IF1	5/19/2011 11:30:20 AM	1.772222	364.484	96.299	Initial Flow (1)
IF2	5/19/2011 11:59:40 AM	2.261111	454.14	106.958	Initial Flow (2)
IS	5/19/2011 12:59:30 PM	3.258333	616.385	106.14	Initial Shut-In
FF1	5/19/2011 1:01:00 PM	3.283333	343.279	105.774	Final Flow (1)
FF2	5/19/2011 1:45:00 PM	4.016667	498.627	109.136	Final Flow (2)
FS	5/19/2011 3:15:30 PM	5.525	616.565	107.83	Final Shut-In
FH	5/19/2011 3:16:00 PM	5.533333	1363.048	107.911	Final Hydro-static

**GAS FLOWS**

Min Into IFP	Min Into FFP	Gas Flows	Pressure	Choke
13	0	652.00 mcf	17.00 psig	1.00 in
23	0	603.00 mcf	15.00 psig	1.00 in
30	0	652.00 mcf	17.00 psig	1.00 in
0	10	817.00 mcf	24.00 psig	1.00 in
0	20	725.00 mcf	20.00 psig	1.00 in
0	30	687.00 mcf	18.00 psig	1.00 in
0	40	652.00 mcf	17.00 psig	1.00 in
0	45	652.00 mcf	17.00 psig	1.00 in



Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 14, 2011

Mindy Wooten  
American Energies Corporation  
155 N MARKET STE 710  
WICHITA, KS 67202-1821

Re: ACO1  
API 15-115-21422-00-00  
ADE 1-6  
SE/4 Sec.06-19S-01E  
Marion County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Mindy Wooten