



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

KANSAS CORPORATION COMMISSION 1061229
OIL & GAS CONSERVATION DIVISION

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 #: _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: (_____) _____
 Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage 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)
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

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 #: _____
 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	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 Plugging Fees: _____
 State of _____ County, _____, ss.
 _____ Employee of Operator or Operator on above-described well,
 (Print Name)

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

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Mike's Testing & Salvage Inc.

P O Box 467
Chase, KS 67524

Invoice

Date	Invoice #
7/13/2011	12835

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

*5092
10572083*

P.O No	Lease	County
	William #1	McPherson

Qty	Description	Rate	Amount
3	Hours Rig Time	190 00	570 00T
	6 29-11 Set rig in on location 1 Hour		
	6 30-11 Set bridge plug @2850', dumped 2 sacks cement on top, pressured up on casing, not holding. Set bridge plug @450', perforated squeezed holes at 400' dug out cellar & pit. 2 Hours.		
	Sales Tax	7.30%	41 61
		Total	\$611.61

COPELAND

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

Invoice

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C37718-IN

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

LEASE: WILLIAMS 1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/13/2011	C37718		07/05/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
1.00	EA	POLY TRAILER RENTAL		0.00	200.00	200.00
294.00	SAX	60-40 POZ MIX 4%		0.00	9.69	2,848.86
14.50	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	58.00
14.50	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	29.00
294.00	EA	BULK CHARGE		0.00	1.25	367.50
569.18	MI	BULK TRUCK - TON MILES		0.00	1.10	626.10
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B		Net Invoice:		4,779.46
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MCPCO Sales Tax:		62.05
RECEIVED BY		NET 30 DAYS		Invoice Total:		4,841.51

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



TREATMENT REPORT

Acid Stage No. RT

Date: 7-5-11 District: Quincy F. O. No. _____
 Company: American Energy Corp
 Well Name & No.: Williams #1
 Location: _____ Field: _____
 County: _____ State: _____

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Spung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Ann Hole Size: _____ T.D. _____ ft. P.D. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Ekdown: _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____

Flush _____ Bbl. /Gal. _____

Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____

Actual Volume of Oil/Water to Lead Hole: _____ Bbl. /Gal.

Pump Trucks, No. Used: 323 Sp. _____ Twin _____

Auxiliary Equipment _____
 Packers: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 294 sand 60-110-4/2

Company Representative _____

Treater [Signature]

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:30				On locating R ₁ up
:				Run Poly down <u>125'</u> to 4/5'
:				Hook up & start down hole mixing
:			215 Bar	Filled 53' up w/ cement pull Poly out.
:				Work in & run down out side of 53' 125'
:			572	36 lbs 125' side cement full pull Poly out
:			602	Tap off 53' w/ 3 BBL.
11:20				Work up left location



FIELD ORDER N° C 37718

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

DATE July 5 20 11

IS AUTHORIZED BY: American Energy Corp (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Williams Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County McPherson State K

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.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump Out for plug job		650 ⁰⁰
	1	Poly Tanker rental		200 ⁰⁰
	294 sack	60-40-45 Pac @ 9 ⁰⁰ /sack		2848 ⁰⁰
	14 1/2 mile	1/3 total miling @ 4 ⁰⁰ /mile		58 ⁰⁰
	14 1/2 mile	1/3 total poly miling @ 2 ⁰⁰ /mile		35 ⁰⁰
	294 sack	Bulk Charge @ 12 ⁰⁰ /sack		367 ⁰⁰
	565 lb	Bulk Truck Miles @ 110 ⁰⁰ /ton miles		626 ⁰⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				4771.40

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 [Signature]

Station Bucklin

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS