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** 

1061235

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 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.	
	(Print Name)		or or Operator on above-described well
haing first duly sugars an asthe source The	t I have knowledge of the facto at	stamanta, and matters barain contained, and the l	an of the choice described well 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

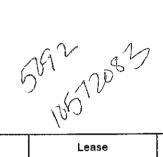
Mike's Testing & Salvage Inc

P O Box 467 Chase, KS 67524

# Invoice

Date	Invoice #
7/13/2011	12836

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



Descrit <sub>it</sub> ion ime nt n location, checked the hole, dug cellar and		McPherson         Amount         90.00       3,040.00T         12.50       62.50T         40.00       40.00T
ime nt	1	90.00 3,040.00T 12.50 62.50T
nt		12.50 62.50T
ottom to 2720' and 5 sacks cement on top 5 p,pulled slips, had 1" of stretch 9 Hours. aurface pipe, ran string line down, tagged @8 head off. 3 Hours Ks. perforated casing @400', ran poly pipe g, Copeland Cementers pumped 90 sacks cen an in 101' of 1" pipe, pumped 80 sacks cen	Set in floor 84' down. down ment, layed nent, layed	.30% 229 40
	Total	\$3,371 90
f f	head off. 3 Hours f Ks. perforated casing @400', ran poly pipe g, Copeland Cementers pumped 90 sacks ce	f Ks. perforated casing @400', ran poly pipe down g, Copeland Cementers pumped 90 sacks cement, layed ran in 101' of 1" pipe, pumped 80 sacks cement, layed lugging Complete. 4 H.545's 7



#### Acid & Cement

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

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

To:2631851

Page: 16/18

Page: 1

### Invoice

**POST OFFICE BOX 438** 

HAYSVILLE, KS 67060

(316) 524-1225 (316) 524-1027 FAX

INVOICE	NUMBER:
C37717-	IN

LEASE: WILLIAMS 3

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

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	RDER	SPECIAL INSTRUCTIONS	
07/13/2011	C37717		07/05/2011			NET 30	
QUANTITY U/M		ITEM NO./D	ESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA		CHARGE	,	0.00	650.00	650.00
1.00	EA	POLY TRAILER	RENTAL		0.00	200.00	200.00
170.00	SAX	60-40 POZ MIX	4%		0.00	9.69	1,647.30
14.50	м	CEMENT MILE	GE PUMP TRUCK		0.00	4.00	58.00
14.50	MI	CEMENT MILE	GE PU TRUCK		0.00	2.00	29.00
170.00	EA	BULK CHARGE			0.00	1.25	212.50
329.12	м	BULK TRUCK -	TON MILES		0,00	1.10	362.03
REMIT TO:			COP-B			Net Invoice:	3,158.8
P.O. 80	DX 438 ILLE, KS 67060	FUEL SURCHAF Mileage, Pun	GE IS NOT TAXABLE AN IP AND OR DELIVERY CH	id is added to Harges only.	MCPCO Sales Tax: 62		62.0 3,220.8
RECEIVED BY			NET 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 accured party under the Uniform Commercial Code

\_\_\_\_\_ By\_\_\_\_

Agent

BOPFELIND		FIELD ORDER № C 37737
Acid & Cement	<b>(</b>	TE JUIL 5 20
IS AUTHORIZED BY:	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease	Well No	Customer Order No
Sec. Twp. Pange	County NIC Pares	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 reliad 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\_

		DESCRIPTION	UNIT	AMOUNT
CODE	QUANTITY		COST	650~
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		Bulk Charge		
	35.7	Bulk Truck Miles		- Mar
		Process License Fee on Gallons		
		TOTAL BILLING		
manner	under the dil		ned in a goo ignature app	d and workma bears below.
Station_	Bull	Well Owner, Oper	ator or Agent	
Remark	5			
	and the second s	NET 30 DAYS		

3165241027

To:2631851



#### TREATMENT REPORT



1       5       1       Description       Description       Description         Normality       Description       Production       Description       Description         Contract       Production       Production       Description       Description         Contract       Production       Production       Description       Description         Contract       Production       Production       Description       Description         Production       Production       Description       Des						Type Treatment; Amt.	Type Fluid	Band Bire Pounds of Said
Dimension       District State       District State       District State       District State         Construct Mark State       Prof.       Bit / State       Bit / State       Bit / State         Construct Mark State       Prof.       Bit / State       Bit / State       Bit / State         Construct Mark State       Prof.       Bit / State       Bit / State       Bit / State         Prof.       Bit / State       Prof.       Bit / State       Bit / State       Bit / State         Prof.       Bit / State       Prof.       Bit / State       Bit / State       Bit / State         Prof.       Bit / State       Prof.       Bit / State       Bit / State<	Unit 1- 4	5~1) Die	trict, Bis 2		No			
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