



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

**KANSAS CORPORATION COMMISSION 1062790**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
March 2009

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

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 #
8/25/2011	12884

Bill To
American Energies Corportion 155 N. Market, Suite 710 Wichita, Kansas 67202

5092  
10051043

P.O. No.	Lease	County
	Adolph #5	Barton

Qty	Description	Rate	Amount
17	Hrs. Rig Time	190.00	3,230.00T
5	Sx. Cement	12.50	62.50T
	Sand	40.00	40.00T
	Casing Knife	250.00	250.00T
	8-8-11 Rigged up, tagged bottom at 3514', dumped 1bbl sand. Dug cellar & pit out. Had to cut valve off 5-1/2 casing. Tagged bottom sand at 3450' (open hole), dumped 5sx. cement. Shut down 5hrs.		
	8-9-11 Came out. Garbs welding welded 5-1/2 collar on. Set floor, cut pipe at 1750'. Waited on Copeland til 2:00pm. Pulled up to 1650', pumped 150sx cement 200lbs hauls. Pulled up to 1080' pumped 50sx cement 100lbs hauls. Pulled up to 650', pumped 125sx cement. Cement circulated to surface. Shut down. 11hrs.		
	8-10-11 Drove to location. Fixed sand line. Loaded floor and rigged down. 1hrs		
	Sales Tax	7.30%	261.52
		<b>Total</b>	\$3,844.02

REC'D AUG 30 2011

# 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:  
C37127-IN**

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

**LEASE: ADOLF 5**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
08/16/2011	C37127		08/09/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
10.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	40.00
10.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	20.00
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
325.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	3,006.25
7.00	SAX	2% ADDITIONAL GEL		0.00	16.00	112.00
200.00	LB	COTTONSEED HULLS		0.00	0.35	70.00
332.00	EA	BULK CHARGE		0.00	1.25	415.00
146.50	MI	BULK TRUCK - TON MILES		0.00	1.10	161.15
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		<b>COP</b>		Net Invoice:		4,474.40
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BATCO Sales Tax:		47.45
<b>RECEIVED BY</b>		<b>NET 30 DAYS</b>		Invoice Total:		<u>4,521.85</u>

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



FIELD ORDER N<sup>o</sup> C 37127

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

DATE 8/16/11 2011

IS AUTHORIZED BY: American Energy  
(NAME OF CUSTOMER)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
To Treat Well As Follows: Lease Ad 10 Well No. 5 Customer Order No. \_\_\_\_\_  
Sec. Twp. Range \_\_\_\_\_ County Lebanon State KS

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
	10	overhaul pump truck	11.00	110.00
	10	overhaul pickup	10.00	100.00
	1	Pump Charge (Plug)		150.00
	375	1" hole prod 2% gel	9.25	3468.75
	7	2" hole prod gel	16.00	112.00
	700	Hulls	0.25	175.00
	3.2	Bulk Charge	1.25	40.00
		Bulk Truck Miles <u>11.57 x 10 mi = 115.7 mi</u>	1.00	115.70
		Process License Fee on _____ Gallons		
<b>TOTAL BILLING</b>				<b>4474.45</b>

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 [Signature]

[Signature]  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**

