



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

KANSAS CORPORATION COMMISSION 1062810
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 #
8/15/2011	12868

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

3972 10801042

P O No	Lease	County
	Francisco 1	Rice

Qty	Description	Rate	Amount
19	Hours Rig Time	190.00	3,610.00T
	Casing Cutter	250.00	250.00T
4	Sacks Cement	12.50	50.00T
	Sand	40.00	40.00T
	7-7 11 Rigged up on location, pulled rods in singles and layed on trailer. Layed tubing out on ground. 4 Hours		
	7-8-11 Checked the hole, sanded off bottom to 3145' with 4 sacks cement on top Dug cellar and pit, set in floor and rigged up, pulled slips, had 14" of stretch Cut casing loose @1410', pulled up to 950' 9 Hours		
	7-11 11 Hooked up Copeland Cementers, pumped 150# hulls and 35 sacks common, 2% cc at 905' pulled up to 525', pumped 35 sacks cement, pulled up to 290' and circulated 125 sacks cement to surface. Plugging Complete 6 Hours		
	Sales Tax	7.30%	288.35
		Total	\$4,238.35

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:
C36903-IN**

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

LEASE: FRANCISCO 1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/13/2011	C36903		07/11/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
30.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	120.00
30.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	60.00
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
70.00	SAX	COMMON CEMENT		0.00	11.25	787.50
115.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	1,063.75
3.00	SAX	2% ADDITIONAL GEL		0.00	16.00	48.00
3.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	120.00
150.00	LB	COTTONSEED HULLS		0.00	0.35	52.50
191.00	EA	BULK CHARGE		0.00	1.25	238.75
258.80	MI	BULK TRUCK - TON MILES		0.00	1.10	284.46
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,424.96
RECEIVED BY _____		NET 30 DAYS		RICCO Sales Tax:		47.45
				Invoice Total:		3,472.41
<small>FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.</small>						

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 Grescol Oil Field Service
Grescol 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° C 36908

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

DATE 7/11/11 20

IS AUTHORIZED BY: American Energies
(NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. Range _____ County Rice 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 By _____ Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	30	release pump truck	4. ⁰⁰	120. ⁰⁰
	30	release pickup	2. ⁰⁰	60. ⁰⁰
	1	Pump Charge (Plus)		650. ⁰⁰
	70	Canon	11. ⁰⁰	770. ⁰⁰
	115	6% acid. 2% sol	9. ⁰⁰	1,035. ⁰⁰
	3	2% acid. sol	16. ⁰⁰	48. ⁰⁰
	3	Calcium Chloride	40. ⁰⁰	120. ⁰⁰
	150 ⁰⁰	Mulls	.35	52. ⁵⁰
	191	Bulk Charge	1. ⁰⁰	191. ⁰⁰
		Bulk Truck Miles 8.667 x 30m = 259.67m = 1. ⁰⁰	1. ⁰⁰	259. ⁶⁷
		Process License Fee on Gallons		
TOTAL BILLING				3,475.¹⁰

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 Nathan Lee

Station G B

Kelso
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date: 7/11/11 District: G-B F. O. No. C36903
Company: American Energy Services
Well Name & No.: Francisco #1
Location: Field:
County: Rice State: KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Bkdown: Bbl./Gal.
Plush: Bbl./Gal.
Treated from: ft. to: ft. No. ft.
Actual Volume of Oil/Water to Load Hole: Bbl./Gal.
Pump Trucks: No. Used: 320 Hp. Twin
Auxiliary Equipment: 317/310
Trucker: Set at: ft.
Auxiliary Tools
Plugging or Sealing Materials: Type

Casing: Size: 4 1/2" Type & WL Set at: ft.
Formation: Perf. to:
Liner: Size: Type & Wt. Top at: ft. Bottom at: ft.
Cemented: Yes/No Perforated from: ft. to: ft.
Tubing: Size & Wt. Hwung at: ft.
Perforated from: ft. to: ft.
Open Hole Size: T.I. ft. P.D. to: ft.

Company Representative: Kelso Treater: Nathan W.

Table with columns: TIME (A.M./P.M.), PRESSURES (Tubing, Casing), Total Fluid Pumped, REMARKS. Includes handwritten entries for 9:15 and 11:30 with details on mix and circulation.