



**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

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: \_\_\_\_\_



1065086

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 Bbls.	Gas Mcf	Water Bbls.	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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# COPELAND

Acid & Cement

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

Invoice

Page: 1

JUL 08 2011

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

ENTERED 7-11-11 <sup>LD</sup>

INVOICE NUMBER:  
 C37708-IN

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

LEASE: SLOCOMBE 1 SW D  
 # 10581068  
 195890

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/30/2011	C37708		06/27/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	950.00	950.00
5.00	GAL	FRICTION REDUCER C-37L		0.00	25.00	125.00
115.00	SAX	60-40 POZ MIX 4%		0.00	9.69	1,114.35
47.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	188.00
1.00	EA	4 1/2" WIPER PLUG		0.00	65.00	65.00
2.00	HR	OVERAGE OF 4 HR MIN.		0.00	100.00	200.00
1.00	EA	MIN. BULK CHARGE		0.00	150.00	150.00
237.82	MI	BULK TRUCK - TON MILES		0.00	1.10	261.60
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B  FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 3,053.95 MANCO Sales Tax: 88.70 Invoice Total: 3,142.65		
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

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

**Invoice**

Page: 1

JUL 08 2011

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

ENTERED 7-11-11

INVOICE NUMBER:  
 C36731-IN

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

LD  
 LEASE: SLOCOMBE #1 SWD  
 #10581068

195087

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/30/2011	C36731		06/23/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
40.00	MI	MILEAGE PUMP/PICKUP TRUCK		0.00	4.00	160.00
1.00	EA	PUMP CHARGE		0.00	600.00	600.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 760.00 MANCO Sales Tax: 43.80 Invoice Total: 803.80		
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 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. Line

Date 6-27-11 District Burton F. O. No. \_\_\_\_\_  
 Company American Energy Corp  
 Well Name & No. Sloomba #1  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County Marion State IN

Casing: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Liner: Size 4 1/2 Type & Wt. 102 Top at 2885 ft. Bottom at 2885 ft.  
 Cemented: Yes/No. Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. \_\_\_\_\_ Spung at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 (Open Hole Size \_\_\_\_\_ T.I. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.)

Type Treatment: Amt. \_\_\_\_\_ Type Fluid \_\_\_\_\_ Sand Size \_\_\_\_\_ Pounds of Sand \_\_\_\_\_

Bkdown \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

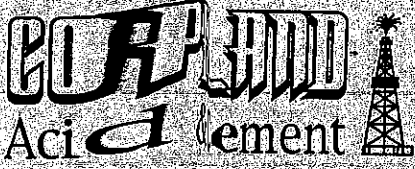
Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_

Actual Volume of Oil/Water to Load Hole: Line Pull \_\_\_\_\_ Bbl./Gal.

Pump Trucks, No. Used: Std. 323 Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment G.B. Bulk Trailer  
 Packer: \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type 115 sacks CO-110-450 Poz

Company Representative \_\_\_\_\_ Treater Ray B

TIME a.m. (p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
4:00				Called out G.B. truck broke down local water haul to loc.
4:45				On location 6:20 Bulk truck on loc.
5:30			0	Rig up SSA Traction 4 1/2 size to circulate
		500	5 BBL	try to get pipe down to TD
			10 BBL	Break circulation 2 1/2 RPM @ 500
		800	20 BBL	2 1/2 @ 550 Up rate to 3 1/2 RPM @ 800
		800	30 BBL	3 RPM 3 APR 800 Slow backdown 2 1/4 RPM @ 650
		650	70 BBL	Workin pipe made to TD Circ. clear.
6:20			108 BBL	Ran out water in p.t. & 1 tank truck. Shut down
			0	Load pipe Bulk truck on location
			0	Mix up 5 gal Fertizer reducer in 12 BBL water.
7:35			0	Tie onto 5 1/2 container start to first Kerp.
			5 BBL	Good Blow on 5 1/2 Amuluz Start mixing gary down hole
		450	0	Start w/ 4 in slurry. 2 1/2 RPM @ 450
			10 BBL	Go to 5.3 Slurry 2 1/2 @ 300
		50	20 BBL	100 sack mixture away 8 1/2 @ 50 pressure Shut down
			0	Launch plug did not wash up
		800	6 BBL	Catch pressure 2 1/2 RPM
			2 BBL	2 RPM 900
			34 BBL	1 RPM @ 1100
			40 BBL	3/4 RPM @ 1400
			450	1/2 RPM @ 1250 loaded Plug @ 1600
				Release down to 850 Shut in
				Tie onto 5 1/2 emuluz.
				Start mixing get Hsida in locked up to 600
9:00				Shut in wash up Rock up left locator



FIELD ORDER N° C 36731

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

DATE 06/23 2011

IS AUTHORIZED BY American Energie Corp  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Stucombe Well No. #1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Marion State KS

**CONDITIONS:** 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 paid in advance. 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  
By \_\_\_\_\_ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	10	Milage Charge	4.00	160. <sup>00</sup>
		Pump Charge Circulate	600. <sup>00</sup>	600. <sup>00</sup>
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
<b>TOTAL BILLING</b>				<u>760.<sup>00</sup></u>

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 Michael H. Xeno

Station G.B Travis  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**





# COPELAND

Acid & Cement

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

**Invoice**

JUN 29 2011

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

ENTERED 6:30-11:55

INVOICE NUMBER:  
 C36766-IN

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

LD.  
 LEASE: SLACOMBE 1 #10581068  
 195087

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/28/2011	C36766		06/23/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
45.00	MI	MILEAGE PUMP/PICKUP TRUCK		0.00	4.00	180.00
45.00	MI	MILEAGE PUMP/PICKUP TRUCK		0.00	2.00	90.00
1.00	EA	PUMP CHARGE (MISC)		0.00	550.00	550.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 820.00 MANCO Sales Tax: 40.15 Invoice Total: <u>860.15</u>		
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.

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FIELD ORDER N° C 36766

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

DATE 6/23/11 2011

IS AUTHORIZED BY: American Energies  
(NAME OF CUSTOMER)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
To Treat Well \_\_\_\_\_  
As Follows: Lease Slocum Well No. 1 Customer Order No. \_\_\_\_\_  
Sec Twp. \_\_\_\_\_  
Range \_\_\_\_\_ County Missouri State Mo

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
	45	m. lease pump truck	4 <sup>00</sup>	180 <sup>00</sup>
	45	m. lease pickup	2 <sup>00</sup>	90 <sup>00</sup>
	1	Pump Charge (Time Yr. fee)		550.00
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		<b>870.00</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 Nathan W.

Station C B

Jake  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**