



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

KANSAS CORPORATION COMMISSION 1066270
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 #
10/13/2011	12957

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

5092
10571019

P.O. No.	Lease	County
Well #1	Huxman-Krehbl	McPherson

Qty	Description	Rate	Amount
19	Hours Rig Time	190.00	3,610.00T
4	Sacks Cement	12.50	50.00T
	Sand	40.00	40.00T
	Casing Cutter	250.00	250.00T
	9-22-11 Rigged up on location, layed down rods and tubing. Checked the hole, sanded off bottom to 3325', dug cellar and pit, set in floor and rigged up. 10 Hours		
	9-23-11 9-23-11 Ran in bailer, sand @3325', dumped 4 sacks cement on top. Pulled 8" of stretch on casing, cut casing loose @1014', pulled up to 400'. hooked up Copeland Cementers, pumped 150sxs. cement, layed down rest of casing, tore down and moved off. Plugging Complete. 9 Hours		
	Sales Tax	7.30%	288.35
		Total	\$4,238.35

RECD OCT 18 2011

COPELAND

Acid & Cement

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

Invoice

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

INVOICE NUMBER:
C37269-IN

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

LEASE: HUXMAN- KREIBEL 1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
09/27/2011	C37269		09/23/2011		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
150.00	SAX	COMMON CEMENT		0.00	11.25	1,687.50
4.00	SAX	CALCIUM CHLORIDE - SAX TOP OFF #2		0.00	40.00	160.00
35.00	SAX	COMMON CEMENT		0.00	11.25	393.75
1.00	EA	POLY TRAILER RENTAL		0.00	250.00	250.00
189.00	EA	BULK CHARGE		0.00	1.25	236.25
267.00	MI	BULK TRUCK - TON MILES		0.00	1.10	293.70
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,851.20
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MCPCO Sales Tax:		65.70
RECEIVED BY _____		NET 30 DAYS		Invoice Total:		3,916.90

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° C 37269

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

DATE 9/23/11 20

IS AUTHORIZED BY: American Energy (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Hoxman-Kriebel Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County Harrison 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
	30	mileage pump truck	4.00	120.00
	30	mileage pickup	2.00	60.00
	1	Pump Charge (Plug)		150.00
	150	Common	11.27	1,690.50
	4	Calcium Chloride	40.00	160.00
		Top off #2		
	35	Common	11.27	394.45
	1	Poly-Triole Fuel		250.00
	1500	Bulk Charge	1.29	1,935.00
		Bulk Truck Miles 8.5 x 7 x 30 mi = 2025 mi x 1.10	1.10	2,227.50
		Process License Fee on _____ Gallons		
TOTAL BILLING				7,551.00

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 G.O.

[Signature]
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date: 9/23/11 District: G.B. F. O. No. C37269
 Company: American Energies
 Well Name & No.: Hixman - Kinkel #1
 Location: _____ Field: _____
 County: McPherson State: Ks
 Casing: Size 4 1/2" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 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.D. _____ ft. P.H. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ SAND Size _____ Pounds of Sand _____
 Breakdown: _____ 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: _____ Bbl./Gal.
 Pump Trucks, No. Used: Std. 300 Hjt. _____ Twin _____
 Auxiliary Equipment 317/310
 Packers: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Healing Materials: Type _____ (Cat. _____) (Ill. _____)

Company Representative: Kelso Treater: Nathan W.

TIME a.m. (p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:00	-	4 1/2"		On loc.
2:30				Mix 150 sks common 3% C.C.
				Top off #2 w/ 35 sks
				Thank You!
				Nathan W.