



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

KANSAS CORPORATION COMMISSION 1066279  
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.  
 \_\_\_\_\_  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 #
10/10/2011	12948

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

*5049 3092 10801012*  
*Fixed casing*

P.O. No.	Lease	County
	Kimball #1	Rice

Qty	Description	Rate	Amount
13	Hrs. Rig Time	190.00	2,470.00T
5	Sx Cement	12.50	62.50T
	Sand	40.00	40.00T
	Casing Knife	250.00	250.00T
	9/19/11 Rigged up. Ran bailer to bottom. Found TD at 3340'. Dug cellar & pit. Sanded bottom to 3280'. Set casing jacks in. Shut down. 3hrs.		
	9/20/11 Dumped 5sx cement with bailer. Pulled stretch, got 16". Cut casing at 2400', worked casing loose. Pulled 5-1/2 up to 1025'. Rigged up Copeland. Pumped 35sx common with 3% CC. Pulled to 600', waited 1hr. Ran in, tagged top cement at 750', pumped 35sx common at 600'. Pulled to 290', pumped 115sx cement, circulated to surface. Pulled rest of casing. Tore floor, rigged down, and moved off. 10hrs.		
	Sales Tax	7.30%	206.04
<b>Total</b>			<b>\$3,028.54</b>

REC'D 10/10/2011

# 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:  
C37265-IN**

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

**LEASE: KIMBALL 1**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
09/27/2011	C37265		09/20/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
40.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	160.00
40.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	80.00
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
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
70.00	SAX	COMMON CEMENT		0.00	11.25	787.50
3.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	120.00
191.00	EA	BULK CHARGE		0.00	1.25	238.75
344.80	MI	BULK TRUCK - TON MILES		0.00	1.10	379.28
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		<b>COP</b>		Net Invoice:		3,527.28
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		RICCO Sales Tax:		47.45
<b>RECEIVED BY</b>		<b>NET 30 DAYS</b>		<b>Invoice Total:</b>		<b>3,574.73</b>

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 receive all the rights of a secured party under the Uniform Commercial Code



**FIELD ORDER** N° C 37285

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

DATE 9/20/11 20\_\_

IS AUTHORIZED BY: American Energies  
(NAME OF CUSTOMER)

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

To Treat Well As Follows: Lease Kimball 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
	410	m. lease pump truck	4.00	160.00
	410	m. lease pickup	2.00	80.00
	1	Pump Charge (Plug)		650.00
	115	60% w/c acc 2% gel	9.00	1,035.00
	3	2% adol. sol	16.00	48.00
	70	Common	11.50	795.00
	3	Calcium Chloride	40.00	120.00
	191	Bulk Charge	1.25	238.75
		Bulk Truck Miles 50 R 7 x 40 m = 310 8 1 m x 1.25	1.10	377.00
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		<b>3,527.00</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 Matthew W.

Station LB

Kelson  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**



# TREATMENT REPORT

Acid Stage No. ....

Date 9/20/11 District G.B. P. O. No. C37265  
 Company American Engrs. & Ar.  
 Well Name & No. Rinkhall  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County Rice State TX  
 Casing: Size 7 1/2" 5/8" Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Formation: Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Liner: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.  
 Cemented: Yes/No. Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Wash Hole Size \_\_\_\_\_ T.H. \_\_\_\_\_ ft. P.H. to \_\_\_\_\_ ft.

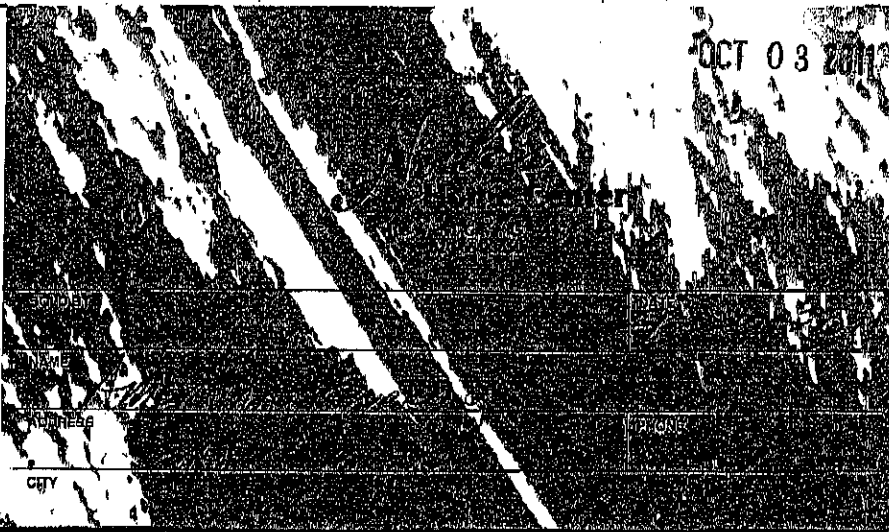
Type Treatment: AML Type Fluid \_\_\_\_\_ Sand Size \_\_\_\_\_ Pounds of Sand \_\_\_\_\_  
 Breakdown \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Treated from \_\_\_\_\_ 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: 320 Bbl. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment 317/310  
 Packer: \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_

Company Representative Kelso Treater Nathan W.

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:00	-	<u>7 1/2"</u>		On location.
:				
:				Mix 35 sks. cement 2% c.c. @ 1,025'
:				mix 35 sks. cement 2% c.c. @ 600'
:				mix 115 sks. 50/40 mesh. 4% sol. @ 290'
3:00				circulated cement to surface
:				
:				
:				Thank You!
:				Nathan W.
:				

Mindy

OCT 03 2011



- CASH
- CHARGE
- MERCHANDISE RETURNED
- C.O.D.
- PAID OUT
- PAID ON ACCOUNT

QTY.	DESCRIPTION	PRICE	AMOUNT
12	1 bag for replacement	13.32	160.44
	2		
	3	Fee	11.71
	4 - AEC-Burge -195092		1721.5
	5 #10RD1013 - Plugging Expense	\$57.40	
	6		
	7 6-AEC-Kimball -195092		
	8 #10RD1012 - Plugging Expense	\$86.05	
	9		
	10 2-AEC-Inventory -12200	\$28.70	
	11		
	12		
	13		
	14		
	15		
	16		

RECEIVED BY *[Signature]*

TOTAL

2775

THANK YOU