



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

KANSAS CORPORATION COMMISSION 1066313
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 #
10/13/2011	12958

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

*10 5710655
5092*

P.O. No.	Lease	County
Well #B-3	Orlando Unruh	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	200.00	200.00T
	9-28-11 Rigged up on location, layed down rods and tubing, checked the hole. sanded off bottom to 3310', dug cellar and pit, set in floor and rigged up. 11 Hours.		
	9-29-11 Sand @3310', dumped 4 sacks cement on top with bailer. Shut down for wind. 3 Hours.		
	9-30-11 Pulled 9" of stretch on casing, cut casing loose @920', pulled up to 720', pumped 35 sacks cement, pulled up to 400', pumped 195 sacks cement and circulated to surface, layed rest of casing down. Plugging Complete. 5 Hours		
	Sales Tax	7.30%	284.70
		Total	\$4,184.70

RECD OCT 18 2011

COPELAND

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

Invoice

Acid & Cement

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

INVOICE NUMBER:
C37356-IN

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

LEASE: ORLANDO - UNRUH *B-3*

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
09/30/2011	C37356		09/30/2011		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
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
225.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	2,081.25
5.00	SAX	2% ADDITIONAL GEL		0.00	16.00	80.00
230.00	EA	BULK CHARGE		0.00	1.25	287.50
344.10	MI	BULK TRUCK - TON MILES		0.00	1.10	378.51
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,597.26
RECEIVED BY _____		NET 30 DAYS		MCPCO Sales Tax:		47.45
				Invoice Total:		<u><u>3,644.71</u></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 Gravel Oil Field Service
 Gravel 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 No C 37346

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

DATE 9/30 20 11

IS AUTHORIZED BY: American Energies (NAME OF CUSTOMER)

Address City State

To Treat Well As Follows: Lease O. Lander - Marsh Well No. 1 Customer Order No.

Sec. Twp. Range County McPherson 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.

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

Table with 5 columns: CODE, QUANTITY, DESCRIPTION, UNIT COST, AMOUNT. Includes entries for 30 miles mileage charge, 1 pump charge, 275 gallons 2% acid, 5 gallons 2% acid, Bulk Charge, Bulk Truck Miles, and TOTAL BILLING of 3,507.21.

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 C.B. [Signature]

Remarks

[Signature] Well Owner, Operator or Agent

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date: 9/29/11 District: GB F. O. No.: 37356
 Company: American Energies
 Well Name & No.: Oleada - Uruh #1
 Location: _____ Field: _____
 County: McPherson State: Ks
 Casing: Size: 4 1/2 Type & Wt. _____ Set at _____ ft.
 Perforation: _____ 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. _____ Bwlg at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Hole Size _____ T. I. _____ ft. P. D. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Breakdown: _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 Plush _____ 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: Hyd. _____ Sp. _____ Twin _____
 Auxiliary Equipment _____
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative _____

Treater Tim Dettler

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
<u>10:00</u>				<u>on location</u>
				<u>Circulate hole clean</u>
				<u>run 35 SACKS</u>
				<u>run 190 SACKS to circulate</u>
<u>12:00</u>				<u>job complete</u>