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

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1069791

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

	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person: Fc	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	NE NW SE SW
Water Supply Well Other: SWD Permit #: Let ENHR Permit #: Gas Storage Permit #: Da Is ACO-1 filed? Yes No If not, is well log attached? Yes No Producing Formation(s): List All (If needed attach another sheet) by by Depth to Top: Bottom: T.D. Plu Depth to Top: Bottom: T.D. Plu	County: Well #: Lease Name: Well #: Date Well Completed: The plugging proposal was approved on: (Date) py: (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 Plug	gging Fees:			
State of	County,	, SS.		
	(Print Name)		tor or Operator on a	
haing first duly sugars an asthe says	That I have be available of the faste	atotomonto, and matters barain contained, and the	log of the chour describe	dwall is as filed and

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

Mike's Testing & Salvage Inc.

P.O. Box 467 Chase, KS 67524

Date	Invoice #
11/4/2011	13016

5092

Bill To

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

		P.O. No.	Lease		County
			Sowers #1		Kingman
Qty	Descriptio	on	Rate	e	Amount
	Hrs Rig Time Sx Cement 10-19 Drove to location. Pulled rods out in si tubing. Shut down. 3hrs. 10-20 Drove to location. Tried to bleed well of flowing, called for water truck. Dumpe back side. Started pulling tubing, well if to kill well. Pulled rest of tubing out, tr Dumped sand, dug cellar & pit. Shut do 10-21 Drove to location. Ran bailer down. Pe Dumped 4bbls sand. Set floor, tagged s cement. Shut down. 10hrs. 10-24 Came out, fluid down 2300'. Called for stretch on 5-1/2. Water truck, filled up 1hr., got cut loose at 2800'. Pulled up to 35sx. 3% CC. Pulled up to 900', Copeli 1hr. Ran swab bar down. Tagged ceme: Circulated cement to surface with 160s rest of casing. Tore floor & rig down. M 10-25	lown for 30min. Started d 80bbls. saltwater dow cicked off. Called water ugged bottom at 4015. own 10hrs. rfs still not sanded off. and at 3635', dumped 5 water. Pulled stretch, g 5-1/2. Cut casing at 295 o 2618'. Copeland pump and pumped 35sx. Waita at at 801', pulled up to 3 x 60/40poz 4%gel. Pulle foved off. 13hrs.	n truck sx ot 23' 0' for bed ed for .75'. ed	190.00 12.50	7,220.00 62.50
	Drove to location. Met state man on loc down. Loaded floor. 2hrs. Sales Tax	ation. Tagged cement 2	2.	7.05%	513.42
	L		Total	_	\$7,795.92



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

3165241027

Acid & Cement

BURRTON, KS 💧 GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

To:2631851

LEASE: SAUER #1

Invoice

Page: 4/12

Page: 1

INVOICE NUMBER: C39622-IN

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

DATE	ORDER	SALESMAN	SMAN ORDER DATE PURCHASE ORDER SPECI		SPECIAL IN	AL INSTRUCTIONS	
10/31/2011 (C39622	10/24/2011 ITEM NO./DESCRIPTION			N	ET 30	
QUANTITY	U/M			D/C	PRICE	EXTENSION	
65.00 N	VI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	260.00	
1.00 E	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00	
70.00 s	SAX		INT		0.00	11.25	787.50
160.00 s	SAX	60-40 POZ MIX 2	2% GEL		0.00	9.25	1,480.00
4.00 S	SAX	2% ADDITIONAL	GEL		0.00	16.00	64.00
2.00 S	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	80.00	
236.00 E	A	BULK CHARGE		0.00	1.25	295,00	
689.65 N	/ 1	BULK TRUCK - TON MILES			0.00	1.10	758.62
					-		
REMIT TO:			COP			Net Invoice:	A 975 40
P.O. BOX 438 HAYSVILLE, I		FUEL SURCHARGE	IS NOT TAXABLE AND AND OR DELIVERY CHA	IS ADDED TO	KINCO		4,375.12 45.83
RECEIVED BY				NOUS UNLY.		Invoice Total:	4,420.95
		1	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 & Coment 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

OCT-31-2011 15:31 From:	3165241027	To:2631851	Page:5/12
Acid & Cement		FIELD ORDER Nº (
BOX 438	+ HAYSVILLE, KANSAS	67060	
<u>.</u>	316-524-1225		20
IS AUTHORIZED BY:	MALE OF MICHAELES	· · · · · · · · · · · · · · · · · · ·	
Address		State	
To Treat Well As Follows: Lease	4	·····	
	Well No		
Sec. Twp. Range	County	State	4° 7

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 fatest 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	Agent	
QUANTITY	DESCRIPTION	UNIT	AMOUNT
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	TOTAL BILLING	1	(1)
		Bulk Charge Bulk Truck Miles Process License Fee on	COST Image Image <

NET 30 DAYS

BUP	& Cement		TREATME	NT REPORT	
					Acid Stage No.
var 10/	24/11 541	S	0. N. 39622	Type Treatment: Ami, Type Fluid	A = 4 A
Company	AMERILAN I	ENCH GAN	O. Noc Luce	Bkdows	Sand Sime Livenda of Maild
Well Name (No.			Bh // Cal.	
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Tubing: Bing	& WL	Regime as	R. 10R.	Authory Equiphient	······
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			R.	Autoury Tools	
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