



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

KANSAS CORPORATION COMMISSION 1069796  
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 #
11/2/2011	13013

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

*5092*

P.O. No.	Lease	County
	Greenleaf #4	Kingman

Qty	Description	Rate	Amount
22	Hrs Rig Time	190.00	4,180.00T
4	Sx Cement	12.50	50.00T
	Sand	40.00	40.00T
	Casing Knife	250.00	250.00T
2	Nights Out of Town Expense	210.00	420.00T
	10-13-11 Drove rig to location. Spivey dug o: <sub>u</sub> cellar & pit. Went back over to Greenleaf #3 put fence around pit. Shut down. 4hrs.		
	10-14-11 Drove to location. Ran bailer down casing. TD @ 3840', dumped sand down. Unpacked Braiden Head, set floor. Ran bailer down. Tagged plug @ 3765', dumped 4sx. cement. Pulled stretch, 26". Cut casing at 3200' for 1hr. Cut at 3000'. Shut in and shut down. 10hrs.		
	10-17-11 Worked casing loose at 3000', pulled up to 2777'. Copeland pump 35sx 3% CC. Pulled up to 1100', pumped 35sx 3% CC, pulled up to 625". Let set for 1hr. Ran swab bar down. Tagged at 980', pumped 35sx. Pulled up to 250'. Topped off with 150sx, cement to surface. Pulled casing out, tallied pipe and rigged down. 8hrs.		
	Sales Tax	7.05%	348.27
		<b>Total</b>	<b>\$5,288.27</b>

# COPELAND

Acid & Cement

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

**Invoice**

Page: 1

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

*BJ Hope*

INVOICE NUMBER:  
 C37370-IN

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

LEASE: GREEN LEAF 4

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
10/20/2011	C37370		10/17/2011		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
105.00	SAX	COMMON CEMENT		0.00	11.25	1,181.25
150.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	1,387.50
3.00	SAX	2% ADDITIONAL GEL		0.00	16.00	48.00
4.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	160.00
262.00	EA	BULK CHARGE		0.00	1.25	327.50
474.00	MI	BULK TRUCK - TON MILES		0.00	1.10	521.40
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		<b>COP</b>  FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: KINCO Sales Tax: Invoice Total:		4,515.65 45.83 <u>4,561.48</u>
RECEIVED BY _____		<b>NET 30 DAYS</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 reserve all the rights of a secured party under the Uniform Commercial Code



TREATMENT REPORT

Acid Stage No. ....

Date 10/17/11 District G.B. F.O. No. C37370
Company American Energies
Well Name & No. Green Leaf 44
Location Field
County Kingmen State KS

Table with columns: Type Treatment, Amt., Type Fluid, Sand Size, Pounds of Sand. Rows include Backdown, Flush, and Treated from.

Casing: Size 4 1/2" Type & Wt. Set at...ft.
Formation: Perf. to...ft.
Liner: Size... Type & Wt. Top at...ft. Bottom at...ft.
Tubing: Size & Wt. Swung at...ft. Perforated from...ft. to...ft.

Actual Volume of Oil/Water to Load Hole: Bbl./Gal.
Pump Trucks No. Used: Std. 320
Auxiliary Equipment 327
Packer: Set at...ft.
Auxiliary Tools
Plugging or Sealing Materials: Type

Open Hole Size T.D. ft. P.D. to...ft.

Company Representative Kelso Treater Nathan W.

Main data table with columns: TIME (a.m./p.m.), PRESSURES (Tubing, Casing), Total Fluid Pumped, REMARKS. Includes handwritten entries for mix 35 sts. Common @ 2,777' and 150 sts. 50/40 mix @ 250'.

Thank You!
Nathan W.

# 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:  
**C39623-IN**

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

**LEASE: GREENLEAF #4**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
10/31/2011	C39623		10/24/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
5.00	MI	MILEAGE PUMP TRUCK		0.00	4.00	20.00
110.00	SAX	COMMON CEMENT		0.00	11.25	1,237.50
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		1,257.50
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		KINCO Sales Tax:		0.00
				Invoice Total:		<u>1,257.50</u>
		<b>NET 30 DAYS</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 Grasseil Oil Field Service

Grasseil 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 3165241027

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

DATE 10/21 2011

IS AUTHORIZED BY: [Signature] (NAME OF CUSTOMER)

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

To Treat Well \_\_\_\_\_ Well No. 141 Customer Order No. \_\_\_\_\_  
As Follows: Lease Copeland

Sec. Twp. \_\_\_\_\_ County Wagoner State Ks  
Range \_\_\_\_\_

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
	5	1000 lb. 2000 lb. 3000 lb.		
	100	1000 lb.		
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
		TOTAL BILLING		

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 GB \_\_\_\_\_ Well Owner, Operator or Agent [Signature]

Remarks \_\_\_\_\_

NET 30 DAYS



### TREATMENT REPORT

Acid Stage No. \_\_\_\_\_

Date 10/24/11 District GB P. O. No. 39623  
 Company AMERICAN ENERGIES  
 Well Name & No. GREEN LEAF #4  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County KINGMAN State KS  
 Casing: Size 5 1/2 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.  
 Open Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.D. to \_\_\_\_\_ ft.

Type Treatment; Amt. \_\_\_\_\_ Type Fluid \_\_\_\_\_  
 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. \_\_\_\_\_ Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment \_\_\_\_\_  
 Packer: \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_

Company Representative \_\_\_\_\_

Treated Tim Dettler

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				<p><i>Top off well 110 SACKS</i></p> <p><i>Job Complete</i></p>
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