



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

KANSAS CORPORATION COMMISSION 1069799
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	13012

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

5092

P.O. No.	Lease	County
	Greenleaf #3	Kingman

Qty	Description	Rate	Amount
23	Hrs Rig Time	190.00	4,370.00T
5	Sx Cement	12.50	62.50T
	Sand	40.00	40.00T
	Casing Knife	250.00	250.00T
2	Nights Out of Town Expense	210.00	420.00T
	10-11-11 Drove rig to location, dug cellar & pit out. Shut down. 3hrs.		
	10-12-11 Drove to location. Ran bailer down, tagged bottom at 3907'. Dumped sand down, set floor, tag sand at 3762'. Dumped 5sx. cement, got 14" stretch. Cut casing @ 2600' for 1hr. Moved to 2000', cut pipe for 2hrs. Left tension on pipe over night. 12hrs.		
	10-13-11 Came out, got pipe cut loose at 1703', pulled up to 1100'. Copeland pumped 35sx 2 CC. Pulled up to 650", waited 1hr. Tagged plug at 960', pumped 35sx, pulled up to 250'. Topped off with 140sx. Cement to surface. Pulled pipe out. Tallied casing. Rigged down and moved off.		
	Sales Tax	7.05%	362.55
		Total	\$5,505.05

NOV - 4 2011

COPELAND

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

Invoice

Page: 1

Acid & Cement

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

**INVOICE NUMBER:
C37799-IN**

Handwritten signature: G. Hope

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

LEASE: GREENLEAF FARMS

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
10/14/2011	C37799		10/13/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
210.00	SAX	60-40 POZ MIX 4%		0.00	9.69	2,034.90
2.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	80.00
48.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	192.00
1.00	HR	OVERAGE OF 4 HR MIN.		0.00	100.00	100.00
210.00	EA	BULK CHARGE		0.00	1.25	262.50
443.52	MI	BULK TRUCK - TON MILES		0.00	1.10	487.87
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 3,807.27 KINCO Sales Tax: 52.88 Invoice Total: <u>3,860.15</u>		
RECEIVED BY		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 & 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

3799



TREATMENT REPORT

Acid Stage No. RT

Date 10/13/11 District Greene F. O. No. _____
 Company American Energy Corp
 Well Name & No. Greenleaf 33
 Location _____ Field _____
 County Logan State WV
 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. F.U. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Band Size _____ Pounds of Band _____
 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: 22 1/2 (Bbl./Gal.)
 Pump Trucks: No. Used: Mid 323 Hp _____ Twin _____
 Auxiliary Equipment Bulk truck 322
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 210 sacks CO-40-4's for

Company Representative _____ Treater Greg B

TIME a.m. (p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:15				ON location TSA RT Start mixer Calcium Hydroxide for Hot Plug Casing @ 1140' Start water to head
			223 BB	Break circulation
			83 BB	Start mixer gas down hole
			22 BB	35+ sacks cement wash up going down hole
			22 BB	let cement fall rest of way start down the
1:45			22 BB	Casing @ 1150' Casing full 1/2 BB Break circ
			8 BB	Start mixer gas down hole
			8 BB	35 sacks cement wash up going down hole
			16 BB	let cement fall rest of way
2:12			8 BB	5 1/2 @ 250' casing full start mixer gas down hole
			22 BB	140 sacks casing full cement knock down 1/2 way pipe
				down casing still full wash up test down
2:45				Back location



FIELD ORDER No C 37729

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

DATE Oct. 13 20 11

IS AUTHORIZED BY: American Energy Corp (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Quinn's Energy Well No. 3 Customer Order No. _____

Sec. Twp. Range _____ County Lincoln 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
	1	Repairing a Job		600 ⁰⁰
	1	Water 4 1/2 Pcs @ 900/gal		900 ⁰⁰
	2	Calcium Chloride 200 lbs @ 1.00/lb		200 ⁰⁰
	1	Hand - 100 lbs @ 1.00/lb		100 ⁰⁰
	1	100' @ 4.00/100' = 400 ⁰⁰		400 ⁰⁰
		Bulk Charge		200 ⁰⁰
		Bulk Truck Miles		400 ⁰⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		3000 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 [Signature]

Station Box 438 Haystack KS 67060 Well Owner, Operator or Agent

Remarks Pl. 30 Days NET 30 DAYS