



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

KANSAS CORPORATION COMMISSION 1069858
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

AMERICAN ENERGIES CORP.
P O BOX 516, 136 N MAIN
CANTON, KS. 67428

PULLING UNIT #1

DEC 06 2011

PHONE: 620-628-4424 FAX: 620-628-4435

10401074

DATE JOB STARTED 11-28-11
LEASE: Stucky-Harms
COUNTY Harvey

DATE JOB COMPLETED: 11-29-11
WELL # _____ *mindy*

Acidizing _____ Frac Well _____ Perforating Well _____
Squeeze Job _____ Workover _____

WORK PERFORMED:
(Please circle appropriate job)

Pump Change:
New: _____ Rebuilt _____ Size of pump _____

Rod Part: Size & Type of Replacement _____
Rod Break-Number of Jts. Down _____ Kind of Break _____

Tubing Failure:
Tubing leak-Number of Jts Down _____ Kind of Break _____ Size & Type of Replacement _____
Replaced with New _____ or Used _____

Plugging Well: Please Complete Information

<u>35</u>	Number of Sacks cement at _____
<u>50</u>	Number of Sacks cement at _____
<u>145</u>	Number of Sacks cement at _____
_____	Number of Sacks cement at _____
_____	Total Number of Sacks of Cement _____

<u>2200</u>	feet	Type of Cement used: _____
<u>510</u>	feet	Ticket number: <u>33426</u>
<u>290 to surface</u>	feet	Cementing Company: <u>Consolidated</u>
_____	feet	Date Plugging Completed: <u>11-28-11</u>
_____	feet	State Plugging Agent: <u>B.S. Hope</u>

Description of Work Performed:
(11-28-11) Tally tubing - ran in & plug well. Clean up equip.
+ shut down. (6 hrs)
(11-29-11) Rig down. (1/2)

Joins	Feet	Size	Pulled from Well:					Equipment	Run In Well:						
								Packer							
								Anchor							
								Polished Rod							
								Rods							
								Rods							
			2'	4'	6'	8'	10'	Rod Subs			2'	4'	6'	8'	10'
								Pump							
								Tubing							
			2'	4'	6'	8'	10'	Tubing Subs			2'	4'	6'	8'	10'
								Barrel							
								Mud Anchor							

Services	Hours	Per Hour	Amount
Unit and Power Tools	<u>6 1/2</u>	\$175.00	\$ <u>1137.50</u>
Road Time - Per hour		\$175.00	\$ _____
Supervisor time	<u>6 1/2</u>	\$40.00	\$ <u>260.00</u>
Material Transfer			\$ _____
Swab Cups			\$ _____
Sales Tax			\$ _____
Total Due			\$ <u>1,397.50</u>

Signed Paul P. Date: 12-2-11



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 246143

Invoice Date: 11/30/2011 Terms:

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AMERICAN ENERGIES CORPORATION
155 N. MARKET SUITE 710
WICHITA KS 67202
(316) 263-5785

STUCK HARMS #1
33426
11-28-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	230.00	11.9500	2748.50
1118B	PREMIUM GEL / BENTONITE	800.00	.2000	160.00
1102	CALCIUM CHLORIDE (50#)	500.00	.7000	350.00
Description		Hours	Unit Price	Total
445	CEMENT PUMP	1.00	975.00	975.00
445	EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
515	TON MILEAGE DELIVERY	593.40	1.26	747.68

Parts: 3258.50 Freight: .00 Tax: 270.46 AR 5491.64
 Labor: .00 Misc: .00 Total: 5491.64
 Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0608 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 680/702-2803 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/838-6269 GILLETTE, WY 307/686-4814



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33426

LOCATION EUREKA

FOREMAN KEVIN MCCOY

PO Box 884, Chanute, KS 68720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-28-11	1040	Stuck HARMS # 1				Harvey
CUSTOMER <u>AMERICAN ENERGIES CORPORATION</u>		Co. Tools	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>155 N. MARKET STE 710</u>			<u>445</u>	<u>ALLEN B</u>		
CITY <u>WICHITA</u>			<u>515</u>	<u>CALIN H.</u>		
STATE <u>KS</u>	ZIP CODE <u>67202</u>					

JOB TYPE P.T.A. HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 8 5/8 SURFACE 250'
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Ran 2 3/8 Tubing down 7 7/8 open hole to 2200'. Spot 35 SKS Cement @ 2200'. Pull 53 JTS Tubing. Spot 50 SKS Cement @ 510'. Pull 7 JTS Spot 145 SKS Cement from 290' to SURFACE. Pull Remaining 9 JTS. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	60	MILEAGE	4.00	240.00
1131	230 SKS	60/40 Pozmix Cement	11.95	2748.50
1118 B	800 #	Gel 4%	.20	160.00
1102	500 #	CaCl2 2 1/2 %	.70	350.00
5407 A	9.89 TONS	60 miles BULK Delv.	1.26	747.68
			Sub Total	5221.18
			SALES TAX 8.3%	270.46
			ESTIMATED TOTAL	5491.64

AUTHORIZATION [Signature] TITLE Production mg. DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.