



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

**KANSAS CORPORATION COMMISSION 1073208**  
**OIL & GAS CONSERVATION DIVISION**  
**WELL PLUGGING RECORD**  
 K.A.R. 82-3-117

Form CP-4  
March 2009

**Type or Print on this Form**  
**Form must be Signed**  
**All blanks must be Filled**

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**



# INVOICE

DATE January 19, 2012  
 INVOICE # 4896

470 Yucca Ln Pratt, KS 67124  
 Office Phone (620)672-9100 Fax (620)672-5020

Bill To: AMERICAN ENERGIES CORP  
 PO BOX 516  
 CANTON, KS 67428

**COPY**

Lease Name AE Green Leaf  
 Well Number 1  
 County Kingman  
 State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
4.5	01/03/2012 Work Ticket #13603 Rig #22 Operator & 2 men	225.00	1,012.50
2.0	Gal Wash Gas	3.20	6.40
4.0	01/04/2012 Work Ticket #13604 Rig #22 Operator & 2 men	225.00	900.00
2.0	Gal Wash Gas	3.20	6.40
3.0	Per Diem	100.00	300.00
SUBTOTAL			\$ 2,225.30
TAX RATE			7.05%
SALES TAX			156.98
TOTAL			2,382.28

No 13603

# ALLIANCE WELL SERVICE, INC.

470 Yucca Lane • Pratt, KS 67124  
24 Hour Phone: 620-672-9100 • Fax: 620-672-5020

WORK TICKET

NEW WELL   
OLD WELL   
RIG # 22

DATE 1-3-12  
COMPLETE   
INCOMPLETE

COMPANY AMERICAN ENERGY SERVICES JOB TYPE Plug job  
LEASE AE Green Leaf WELL # 1  
ADDRESS \_\_\_\_\_ SEC \_\_\_\_\_ TWP \_\_\_\_\_ RANG \_\_\_\_\_  
CITY / STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY Kingman STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKT
OPERATOR	<u>Ernie</u>				<u>4 1/2 hrs</u>
DERAICK HAND	<u>Mike</u>				<u>4 1/2</u>
FLOOR HAND	<u>Donald</u>				<u>4 1/2</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drove out to location - Tool Gate Safety Meeting - Tried to back up into location - Started to sink - Water truck showed up to suck water from pit - Back up and Rig sunk down to frame - Got pulled out by water truck - Waited on Cat to pack the ground some - Worker Cat do some magic - Back up to location - Made it with out sinking - Rig up - unloaded joints - Got Ready stuff on Rig - left location

Thank You

Double Drum Rig w/2 Men	<u>4 1/2</u> Hrs @	<u>\$ 225.00</u> Per Hour	Total	<u>\$ 1012.50</u>
Travel Time	Hrs @	Per Hour	Total	
Swab Cups No. _____ Size _____ Type _____		Per Each	Total	
Swab Cups No. _____ Size _____ Type _____		Per Each	Total	
Misc <u>2 g GAS</u>		<u>2 @ \$ 3.20</u>	Total	<u>\$ 6.40</u>
Misc _____			Total	
Misc _____			Total	
Misc _____			Total	
Misc _____			Total	
Misc _____			Total	
x _____			Total	
Company Representative _____	Date _____		<b>TOTAL</b>	

WorkflowOne - Lilly Kingsley - 866-257-4154

Y No 13604

# ALLIANCE WELL SERVICE, INC.

470 Yucca Lane • Pratt, KS 67124  
24 Hour Phone: 620-672-9100 • Fax: 620-672-5020

WORK TICKET

NEW WELL

OLD WELL

RIG #

22

DATE 1-4-12

COMPLETE

INCOMPLETE

COMPANY AMERICAN ENERGY SERVICES JOB TYPE Plugging Job  
 ADDRESS \_\_\_\_\_ LEASE AE Greenleaf WELL # 1  
 CITY / STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY Kingman STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKT
OPERATOR	Erick				4 hrs
DEARICK HAND	Mike				4
FLOOR HAND	Donald				4

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
2	1" tubing	TUBING	2	1" tubing
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

Drove out to location: Tail Gate Safety meeting: Start Rig: Ran through backside of casing, Bit and joint didnt get to fan hole way (2): Pickup and stuck it in on other side Got it all the way down: Ran in other joint out 6': State man said okay: left one joint in ground cemented Backside of casing: Pelled that joint stuck it into casing went down 18' down: okay from state man: started to cement casing: pelled joint: cleaned ~~rod~~ rods: Rig down: left location

Thank You

Double Drum Rig w/2 Men	4 Hrs @ \$225.00 Per Hour	Total \$ 900.00
Travel Time	Hrs @ Per Hour	Total
Swab Cups No. Size Type	Per Each	Total
Misc 20 GAS	2 @ \$3.20	Total \$ 6.40
Misc DFR BLEM	@ \$300.00	Total \$ 300.00
Misc		Total
Misc		Total
Misc		Total
Misc		Total
Misc		Total
x _____ Date _____		TOTAL
Company Representative		



# INVOICE

PO Box 31  
Russell, KS 67665

Invoice Number: 129800  
Invoice Date: Jan 4, 2012  
Page: 1

Voice: (817) 546-7282  
Fax: (817) 246-3361

<b>Bill To:</b>
American Energies Corp. 155 N. Market Ste. #710 Wichita, KS 67202

Federal Tax I.D.#: 20-5975804

192152

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Am Eng	DWWD AE Greenleaf#1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-09	Medicine Lodge	Jan 4, 2012	2/3/12

Quantity	Item	Description	Unit Price	Amount
50.00	MAT	Class A Common	16.25	812.50
1.00	SER	Handling (min)	344.00	344.00
100.00	SER	Mileage	5.50	550.00
1.00	SER	Top Off	1,250.00	1,250.00
100.00	SER	Heavy Vehicle Mileage	7.00	700.00
100.00	SER	Light Vehicle Mileage	4.00	400.00
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Ron Gilley		
1.00	OPER ASSIST	George Wright		

Subtotal	4,056.50
Sales Tax	255.56
Total Invoice Amount	4,312.06
Payment/Credit Applied	
<b>TOTAL</b>	<b>4,312.06</b>

ALL PRICES ARE NET, PAYABLE  
30 DAYS FOLLOWING DATE OF  
INVOICE. 1 1/2% CHARGED  
THEREAFTER. IF ACCOUNT IS  
CURRENT, TAKE DISCOUNT OF

\$ 811.30

ONLY IF PAID ON OR BEFORE  
Jan 29, 2012

