



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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 #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1078297

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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COPELAND

Acid & Cement

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

Invoice

Page: 1

DEC 19 2011

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

INVOICE NUMBER:
C37841-IN

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

LEASE: WILLARD STUCKEY *X1-193008*

10572128.001

ENTERED *12-21-11 ET*

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/16/2011	C37841		12/12/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CENTRIFUCAL PUMP CHARGE		0.00	325.00	325.00
500.00	GAL	15% MUD ACID		0.00	2.05	1,025.00
1.00	GAL	CORROSION INHIBITOR		0.00	35.00	35.00
18.00	MI	MILEAGE PUMP TRUCK		0.00	4.00	72.00
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: 1,457.00 MCPCO Sales Tax: 23.73 Invoice Total: 1,480.73		
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



FIELD ORDER N° C 37841

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

DATE Dec 12 20 11

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

Address _____ City _____ State _____

To Treat Well As Follows: Lease Willard Suckey Well No. 2 Customer Order No. _____

Sec. Twp. _____ Range _____ County McPherson 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	Delivery Charge w/ retactor pump		325 ⁰⁰
	500 gal	15% MCA @ 207 gal		1035 ⁰⁰
	5 gal	Retactor supplied by American Energy		—
	1 gal	Corrosion inhibitor @ 35 ⁰⁰ /gal		35 ⁰⁰
	1800	Bulk truck miles @ 4 ⁰⁰ /mile		72 ⁰⁰
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
		TOTAL BILLING		14157⁰⁰

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 Burton Well Owner, Operator or Agent _____

Remarks Rebate over 2011 with retactor pump @ 160⁰⁰

NET 30 DAYS

COPELAND

Acid & Cement

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

Invoice

Page: 1

DEC 16 2011

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

INVOICE NUMBER:
C39459-IN

BILL TO:

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

LEASE: WILLARD STUCKY 1 - 193014

#10572128.001

ENTERED 12-21-11 ET

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/14/2011	C39459		12/03/2011		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	1,600.00	1,600.00
125.00	SAX	60-40 POZ MIX 2% GEL		0.00	9.25	1,156.25
1,050.00	LB	SALT		0.00	0.18	189.00
50.00	LB	FRICTION REDUCER C-37		0.00	3.75	187.50
600.00	LB	MUD FLUSH		0.00	0.80	480.00
6.00	HR	ADDITIONAL TIME		0.00	100.00	600.00
5.00	EA	5 1/2" CENTRALIZERS		0.00	65.00	325.00
1.00	EA	5 1/2" INSERT FLOAT SHOE		0.00	285.00	285.00
1.00	EA	5 1/2" WIPER PLUG		0.00	65.00	65.00
147.00	EA	BULK CHARGE		0.00	1.25	183.75
242.00	MI	BULK TRUCK - TON MILES		0.00	1.10	266.20
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		5,577.70
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MPCO Sales Tax:		209.88
RECEIVED BY _____		NET 30 DAYS		Invoice Total:		5,787.58

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



FIELD ORDER N° C 39489

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

DATE 10/3/81 20

IS AUTHORIZED BY: American Energies
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Oilfield Study Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County McPherson State K

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
	40	m. labor pump truck	11. ⁰⁰	440. ⁰⁰
	40	m. labor pickup	7. ⁰⁰	280. ⁰⁰
	1	Pump Charge (long string)		1,000. ⁰⁰
	105	active 100% 70% sol	9. ⁰⁰	945. ⁰⁰
	1050 [±]	Sol	.18	189. ⁰⁰
	50	-37 (Friction Reducer)	3. ⁰⁰	150. ⁰⁰
	600 gal	mult. flush	.80	480. ⁰⁰
	6	Additional line	100. ⁰⁰	600. ⁰⁰
	5	3/4" Cent. brass	65. ⁰⁰	325. ⁰⁰
	1	5/8" Insert final shoe		745. ⁰⁰
	1	5/8" Lipper plug		65. ⁰⁰
	147	Bulk Charge	1. ⁰⁰	147. ⁰⁰
		Bulk Truck Miles <u>600</u> @ <u>1.00</u> = <u>600</u>	1. ⁰⁰	600. ⁰⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				5,977.⁰⁰

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 Nathan

Station G-2

Mike Kelson
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 12/3-4/11 District G.B. F. O. No. 639459
 Company American Ener-Sics
 Well Name & No. Willard Stucky #1
 Location Field
 County McPherson 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 Sand Size Pounds of Sand
 Bkdown..... 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. 300 Sp. Twin
 Auxiliary Equipment 377
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type
 (Gals. lb.)

Company Representative Mike K. Treater Nathan W.

TIME a.m. (p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
9:30	7 3/8"	7 7/8"		On location.
:				Pump drilling mud.
:				
:			12/4/11	5 1/2" @ 3634'
:				S.S. 33'
:				Becc = 3601'
:				Break circulation - w/ mud.
:				Pump 600 gal. mud flush.
:				Mix 125 sks. 50% wa. par. 2% sel. 18% sold
:				1/2% CFR.
:				Displace w/ 57.9 bbls. @ 8 1/2 bpm
:				@ 725 #
:				Plugs landed @ 1,300 #
:				Released. Floct Held.
10:35				Shut in w/ 500 #
:				
:				Thank You!
:				Nathan W.