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

## **KANSAS CORPORATION COMMISSION**

**OIL & GAS CONSERVATION DIVISION** 

1086352

March 2009 Type or Print on this Form Form must be Signed All blanks must be Filled

Form CP-4

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ( )	NE NW SE SW
Type of Well: (Check one)       Oil Well       Gas Well       OG       D&A       Cathodic         Water Supply Well       Other:       SWD Permit #:       SWD Permit #:       SWD Permit #:         ENHR Permit #:       Gas Storage Permit #:       Gas Storage Permit #:       Is ACO-1 filed?       Yes       No         Is ACO-1 filed?       Yes       No       If not, is well log attached?       Yes       No         Producing Formation(s): List All (If needed attach another sheet)	County: Well #: 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 Plug	gging Fees:								
State of	County,	, SS.							
	(Print Name)		tor or Operator on a						
haing first duly sugars an asthe says	That I have be available of the faste	atotomonto, and matters barain contained, and the	log of the chour describe	dwall is as filed and					

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

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	AMERICA							r.	ULLING	ONIT #	<sup>74</sup> /191 964 -	1 0	264
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	CANTON				PHONE: 620	)-628-44	424 FA	X: 620	-628-443	35			
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HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

**POST OFFICE BOX 438** 

Acid & Cement

(620) 463-5161 FAX (620) 463-2104

BURRTON, KS 💧 GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

Page:3/5 Page: 1

Invoice

INVOICE NUMBER: C37960-IN

LEASE: SCULLY H2

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

DATE	ORDER SALESMAN ORDER DATE PURCH.		PURCHASE	ORDER	SPECIAL INSTRUCTIONS		
06/26/2012	C37960	C37960 06/20/2012			NE	ET 30	
QUANTITY	U/M	ITEM NÓ./DI	ESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP	CHARGE		0,00	650.00	650.00
135.00	SAX	60-40 POZ MIX 4	W GEL		0,00	9.69	1,308.15
150.00	LB	COTTONSEED H	IULLS		0.00	0.35	52.50
30.00	MI		GE PUMP TRUCK		0.00	4.00	120.00
135.00	EA	BULK CHARGE			0.00	1.25	168.75
356.40	MI	BULK TRUCK - T	ON MILES		0.00	1.10	392.04
			COP-B				
REMIT TO: P.O. BOX	438		CUP-B			Net Invoice:	2,691.44
HAYSVILI	.E, KS 67060	FUEL SURCHARGE MILEAGE, PUMP /	E IS NOT TAXABLE AND I AND OR DELIVERY CHAI	IS ADDED TO RGES ONLY.	MANCO		50.70
RECEIVED BY		NET 30 DAYS			Invoice Total:		2,742.14

3165241027

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cament is a subsidiary of Gressel Oil Field Service Gressel Oil Field Service reserves a secured party under the Uniform Commercial Code

05/28/2012	13:07	6206284435	AMERICAN ENE	ERGIES PAGE 05/12
BOPPELL	M			FIELD ORDER № C 37960
Acid & Ce	ment		BOX 438 • HAYSVILLE, KANSAS 6706 316-524-1225 D	0 ATE JUN 20 20 12
IS AUTHORIZED B	Y:(	April 100	(NAME OF CUSTOMER)	State
To Treat Well As Follows: Lease Sec. Twp. Bange	<u>_</u> \$_v	il.	County Darpies	Customer Order No.

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.

By,

Agent

AMOUNT

UNIT

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 CODE QUANTITY DESCRIPTION

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	1350	Bulk Charge 1271 Sad	168 24
	356		372 22
		Process License Fee onGallons	
		TOTAL BILLING	291.47

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 R	epresentative	ky/	
Station	Bundar	•• 	Well Owner, Operator or Agent
Remarks	Plus Some		NET 30 DAYS



## TREATMENT REPORT

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