



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

KANSAS CORPORATION COMMISSION 1086419
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 #2 JUN 12 2012

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

10 10 10 24
Mindy
Plugging
INFO

DATE JOB STARTED 5-24-12
LEASE: KOHR
COUNTY CHASE CO.

DATE JOB COMPLETED: 6-1-12
WELL # A-1

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>50</u>	Number of Sacks cement at <u>bottom 20' P</u>	_____ feet	Type of Cement used: _____
_____	Number of Sacks cement at _____	_____ feet	Ticket number: <u>37938</u>
_____	Number of Sacks cement at _____	_____ feet	Cementing Company: <u>Gresel</u>
_____	Number of Sacks cement at _____	_____ feet	Date Plugging Completed: <u>6-1-12</u>
_____	Total Number of Sacks of Cement	_____ feet	State Plugging Agent: _____

Description of Work Performed:

(5-24-12) Rig up - Pull out rods in single st. lay on trailer. R.O. & Pull out tubing. Rig down (2 1/2)
(5-29-12) Rig Pole up - Tag bottom spot 4 sacks of cement down hole - Put 90 g's of sand down hole (3)
(6-1-12) Pump cement down hole to plug (1 hr)

All equip. hauled to Leffer shop - used

Joints Feet Size			Pulled from Well:					Equipment					Joints Feet Size					Run in Well:									
48	16	1 1/4						Packer																			
		3/4						Anchor																			
	1	2' 3/4	2'	4'	6'	8'	10'	Polished Rod																			
	1	2' x 1 1/2" x 12'						Rods																			
39		2 3/8	2'	4'	6'	8'	10'	Rods																			
								Rod Subs						2'	4'	6'	8'	10'									
								Pump																			
								Tubing																			
								Tubing Subs						2'	4'	6'	8'	10'									
								Barrel																			
1	15	2 3/8						Mud Anchor																			

Services	Hours	Per Hour	Amount
Unit and Power Tools	6 1/2	\$175.00	\$
Road Time - Per hour		\$175.00	\$
Supervisor time		\$40.00	\$
Material Transfer			\$
Swab Cups			\$
Sales Tax			\$
Total Due			\$

Signed Paul P.

Date: 5-25-12

Total Due

AMERICAN ENERGIES CORPORATION
Daily Rig Activity Report for Rig #2

Date: 5-24-12

Please complete and fax this report each morning to Wichita office.

Lease: Kohr Well #: A#1
Location:
County: Chase

WORK PERFORMED:

Please Check Appropriate Box:

Pump Change
Now: Rebuilt: Type of Pump: Size of Pump:
Pump Set at: feet down

Rod Part
Rod Break - Number of Jts Down: Rods set at: feet down
Size and Type of Rod: Kind of Break: Size and Type of Replacement:
Rods set at: feet down

Tubing Failure
Tubing Leak - Number of Jts Down
Size and Type of Tubing: Kind of Break: Size and Type of Replacement:
Tubing set at: feet down

Table with 2 columns: Check Box, Description. Rows include Acidizing, Frac Well, Perforating Well, Squeeze Job, Workover, Rod Part, Tubing Leak, Pump Change, Plugging Well, Other.

Brief Description of Work performed:

Rig up - lay rods out in singles on tractor. Rig over & pull tubing out. Break well head out & rig down

Table with columns: Joints, Feet, Size, Pulled from Well, Equipment, Run in Well. Contains handwritten entries for Anchor, Polished Rod, Rods, Rod Subs, Pump, Tubing, Tubing Subs, Barrel, and Anchor.

Plugging Well

Please Complete Information:

Form for Plugging Well details including Number of Sacks cement at, Total Number of Sacks of Cement, Type of Cement used, Ticket number, Cementing Company, Date Plugging Completed, and State Plugging Agent.

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

PULLING UNIT #1

JUN 18 2012

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

DATE JOB STARTED 5-24-12
LEASE: Kahr
COUNTY chase co.

DATE JOB COMPLETED: 6-1-12
WELL # _____

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>bottom to</u>	Number of Sacks cement at
<u>Top</u>	Number of Sacks cement at
	Number of Sacks cement at
	Number of Sacks cement at
<u>50 sacks</u>	Total Number of Sacks of Cement

_____	feet
_____	feet
_____	feet
_____	feet

Type of Cement used: _____
Ticket number: 37938
Cementing Company: Gressel
Date Plugging Completed: 6-1-12
State Plugging Agent: Patrick Shields

Description of Work Performed:

(5-29-12) Tag sand - spot 4 sack's of cement on top. (1 1/2)
(6-1-12) Plug well. (1)

Joints Feet Size			Pulled from Well:					Equipment			Joints Feet Size			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>2 1/2</u>	\$175.00	\$
Road Time - Per hour		\$175.00	\$
Supervisor time		\$40.00	\$
Material Transfer			\$
Swab Cups			\$
Sales Tax			\$
Total Due			\$

Signed Paul P.

Date: _____

COPELAND

Acid & Cement

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

Invoice

Page: 1

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3386
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C37938-IN

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

LEASE: KOHR A1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/12/2012	C37938		06/01/2012		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	650.00	650.00
50.00	SAX	60-40 POZ MIX 4% GEL		0.00	9.69	484.50
32.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	2.00	64.00
1.00	EA	POLY TRAILER RENTAL		0.00	250.00	250.00
32.00	MI	CEMENT MILEAGE		0.00	2.00	64.00
1.00	EA	MIN. BULK CHARGE		0.00	150.00	150.00
211.20	MI	BULK TRUCK - TON MILES		0.00	1.10	232.32
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B		Net Invoice:		1,894.82
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		CHSCO Sales Tax:		18.25
RECEIVED BY		NET 30 DAYS		Invoice Total:		1,913.07

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 37938

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

DATE June 1 20 12

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

Address _____ City _____ State _____

To Treat Well As Follows: Lease Kobe Well No. A1 Customer Order No. _____

Sec. Twp. Range _____ County Cherokee 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 affect 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	Pump charge for play job		60.00
	50 gal	10-40-42 P... Gal sack		484.00
	16 miles	1/6-h. tank mileage @ 4¢/mile		64.00
	1	Pole train, 40' long		250.00
	32 miles	Picking 105 1/6-h. tank mileage @ 2¢/mile		64.00
	50 gal	Bulk Charge 12... 10.00		150.00
	211.20	Bulk Truck Miles 1 1/2... mile		232.32
		Process License Fee on _____ Gallons		
TOTAL BILLING				

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 Bullman

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. RT

Date: 6-1-12 District: Quebec P. O. No. _____
 Company: American Energy Corp
 Well Name & No.: Kahr A1
 Location: _____ Field: _____
 County: Chase State: KS

Casing: Size 4 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. _____ Splayed at _____ ft.
 Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.I. _____ ft. P.D. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____

Backdown: _____ 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: 323 No. _____ Twin _____
 Auxiliary Equipment: Bulk 322 Tank 105 + Poly pipe
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type SO seals _____

Company Representative _____

Treater: Kevin B...

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:30				Run poly to 250' Rig up Review JSA
10:50			103 Bbl	Spacer water going down hole 4.8 slurry 4 1/2" full cone. will poly out
10:30				Centerline well casing was empty at start
10:40				Not enough pit to wash up in full entire well Full End Time
				Blush up tank down.