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

1086988

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:	Sec Twp S. R East West
	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 #: 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) Depth to Top: Bottom: T.D.	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 Plugging Fe	ees:				
State of	County,		, SS.		
,	Print Name)			or Operator on above-d	
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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

AMERICAN ENERGIES CORP. P DEX 515, 136 M MAIN CANTON, KS 67428 DATE JOB STARTED <u>6 - 4 - /2</u> UNOR STRATED <u>6 - 4 - /2</u> WORK PERFORMED: COUNTY <u>Kalse</u> WORK PERFORMED: WORK PERFORMED: WORK PERFORMED: WORK PERFORMED: WORK PERFORMED: WORK PERFORMED: WORK PERFORMED: WORK PERFORMED: This galax.thmber of Jab Down Kind of Break. Rod Part: Size & Type of Replacement Tobing back.thmber of Jab Down or Used This galax.thmber of Jab Down or Used The formation States to the state and exproprise job) Winther of State and exproprise job Winther of State and exproprise job The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of Performed: Bit up - General Jab Down or Used The formation State of State of Component Jab Down or Used The formation State State of State of Component Jab Down or Used The formation State State of State of State of Component Jab Down or Used The formation State of Component Jab Down or Used The formation State State State of S	06/28/2012	10.05				MERICAN EN					AGE	
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Material Transfer \$ Swab Cups Salaa Tar	oints Feet Size	οω <u>η</u> (/) 2' 4'	lulled from 6' 6' <u>Service</u> Unit	n Well: 8' 10' 8' 10' 25 and Power Tools	Equipment Packer Anchor Polished Rod Rods Rods Rod Subs Pump Tubing Tubing Subs Barrel Mud Anchor Hours	Joints Feet	Size	4	Run In 6' 6'	Well; 8'	10'	
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Acid

BURRTON, KS ٠ (620) 463-5161 FAX (620) 463-2104 FAX (620) 793-3536

NO.9002	06/12/2012/TUE	03:54PM

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

3165241027

INVOICE NUMBER: C37946-IN

LEASE: STAUFFEN 6B

DATE ORDER SALESMAN ORDER DATE PURCHASE ORDER SPECIAL INSTRUCTIONS 06/12/2012 c37946 06/07/2012 NET 30 QUANTITY U/M **ITEM NO./DESCRIPTION** D/C PRICE **EXTENSION** 1.00 EA CEMENT PUMP CHARGE 0.00 650.00 650.00 64.00 SAX 60-40 POZ MIX 4% GEL 0.00 9.69 620.16 THE FOLLOWING ITEMS ARE SPLIT BETWEEN 8 WELLS 1.00 MI CEMENT MILEAGE 0.00 37.50 37.50 1.00 ΕA **BULK CHARGE** 0.00 77.03 77.03 1.00 MI **BULK TRUCK - TON MILES** 0.00 223.70 223.70 REMIT TO: COP-B Net Invoice: P.O. BOX 438 1.608.39 HAYSVILLE, KS 67060 FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO CHSCO Sales Tax: 47.45 MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. Invoice Total: 1.655.84 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 12 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

Page: 1

Invoice

To:2631851

(620) 793-3366

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

BILL TO:

RECEIVE:

GREAT BEND, KS

JUN-12-2012 15:19 From:	3165241027	To:2631851	Page:14/24
GUPELIND Acid & Cement		FIELD ORDER	№ C 37546
Acia & Cement 2	BOX 438 • HAYSVILLE, KANSAS 67 316-524-1225	DATE	20 22
IS AUTHORIZED BY:	ELENGIN INAME OF OFSTOMEN		
Address	City	Sta	te
To Treat Well As Follows: Lease	Well No. 6 B	Customer Order t	¥o
Sec. Twp. Range	County Chrosen	Sta	te

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.

Ðy_

THIS ORDER MUST BE SIGNED

BEFORE WORK IS	COMMENCED
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CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
		Ring day the dry time	~~~~	65
	(04.50)	Cau-ho-H-= P-2 () Open - Carl		رانی ک
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			······································	
	Mers and	Bulk Charge	······	
	1636 2	Bulk Truck Miles		1.
		Process License Fee onGallons		
		TOTAL BILLING		1012
certify t	hat the above	material has been accepted and used; that the above service was performe blion, supervision and control of the owner, operator or his agent, whose sig	d in a good	and workman!

Station 1152 **Remarks** NET 30 DAYS

Well Owner, Operator or Agent



TREATMENT REPORT

Acid Stage No.

		~			We Treatment: Amt.	Type Fluid	Sand Size Younds of Saud
Inter Com	<u>с 12 р</u>	una V Sicht		. No	kdownBbi. /Gal.		
Company,	1) Drevens	ter ben	ur co	C. C.	Bbl. /Gal,	******	
Well Name &	No. Series	Ba Cal	30		Bbl. /Qal.		9(4) 6)4
Location			Flaid				
County	hase		91ate	F			
					rented from		
Chalmy: Sike		Type & Wi					
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					ctual Volume of OII/Water to fo	ad Hole:	Bbl. /Gal.
Liner: Size		L	Top at	Boliom at	ump Trucks. No. Used: Bid. 35	<u>БЗ</u>	Twin
Cem	ented: Yes/No.	Performied fro	m	łt. ląŁi. 🖌	uxiliary Buulument Balk T	24 Mar 308	77133
Tubing: Bike i	E WELL MANAGEMEN		Bwung At		#Ckert		Set at.,
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TIME A.m /p.m.	Tubing	Casing	Total Fluid Pumped		REMAR	K B	
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