

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

the same are true and correct, so help me God.

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

#### 1087000

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 #:			A	NI No.	. 15	
Name:				pot De	escription:	
Address 1:			-		Sec Tw	/p S. R East West
Address 2:			-		Feet from	North / South Line of Section
City:	State:	Zip:+	-		Feet from	East / West Line of Section
Contact Person:			F	ootage	es Calculated from Neares	st Outside Section Corner:
Phone: ( )					NE NW	SE SW
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic C	County		
Water Supply Well	Other:	SWD Permit #:		-		Well #:
ENHR Permit #:	Gas Sto	rage Permit #:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes				oved on: (Date)
Producing Formation(s): List A	All (If needed attach another	sheet)	b	y:		(KCC <b>District</b> Agent's Name)
Depth to	o Top: Botto	m: T.D	_	Pluggin	na Commenced:	
Depth to	o Top: Botto	m: T.D				
Depth to	o Top: Botto	m:T.D	'	luggill	ig Completed.	
Show depth and thickness of	all water, oil and gas forma	ations.				
Oil, Gas or Wate	r Records		Casing Rec	ord (S	urface, Conductor & Produc	etion)
Formation	Content	Casing	Size		Setting Depth	Pulled Out
cement or other plugs were u	sed, state the character of	same depth placed from (bot	ttom), to (top	) for ea	ach plug set.	
Plugging Contractor License #	#:		Name:			
Address 1:			Address 2:			
City:			S	tate:_		Zip:+
Phone: ( )						
Name of Party Responsible for	or Plugging Fees:					
State of	County, _		,	SS.		
	(Print Name)			E	Employee of Operator or	Operator on above-described well,

Submitted Electronically

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

CANTON, KS. 67428

AMERICAN ENERGIES

PAGE 06/10
PULLING UNIT #1

JUN :1 8 2012

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

DATE JOE .EASE: _	STAP	TED	5-	<u>30-1</u>	12-	_	DATE JOB (			6-1	-/2	<u>حنير</u>	_	
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and Pa					oad Time Supe Materi	o - Per hour orvisor time		Sales 7	\$175 \$40	00.00 0.00				

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

### **PULLING UNIT #1**

MM 2 3 2012

DATE JOB STARTED 6-6-72 LEASE: STANTER COUNTY Chase: WELL#  WORK PERFORMED: (Please direle appropriate job)  Pump Change: Rebuilt Size of pump Rod Break-Number of Jts Down Kind of Break  Tubing Failure: Tubing leak-Number of Jts Down Or Used  Plugging Well: Please Complete Information  And France Action France of Sacks cement at Number of Sacks cement at Total Number of Sacks cement at Total Number of Sacks coment at Total Number of S
WELL#  COUNTY Chase  WORK PERFORMED: (Please circle appropriate job)  Pump Change: New: Rebuilt Size of pump Rod Break-Number of jts. Down Kind of Break  Tubing Failure: Tubing leak-Number of Jts Down or Used  Plugging Well: Please Complete Information  Antich A Number of Sacks cement at Teet Ticket number: Number of Sacks cement at Teet Ticket number: Number of Sacks cement at Teet Teet Ticket number: Number of Sacks cement at Teet Teet Ticket number: Number of Sacks cement at Teet Teet Ticket number: Number of Sacks cement at Teet Teet Ticket number: Number of Sacks cement at Teet Teet Ticket number: Number of Sacks cement at Teet Teet Ticket number: Number of Sacks cement at Teet Ticket number: State Plugging Completed: 6-7-/2 Total Number of Sacks of Cement  Description of Work Performed: R. g. up - Ran   ' + baffam - Ranp Cement + fall Pall - Pall Pipe d  Lapt Rig Caula
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escription of Work Performed: Rig up-Ran I" to bottom-Pump coment toll full-Pull pipe of
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**COPELAND** 

Acid & Cement

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

Invoice

Page: 1

BURRTON, KS | GREAT BEND, KS (620) 463-5161

(620) 793-3366 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER: C37936-IN

BILL TO:

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

LEASE: STAUFFER 7

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL I	SPECIAL INSTRUCTIONS			
06/12/2012	C37936		06/01/2012		N	ET 30			
QUANTITY	U/M	ITEM NO./DE	SCRIPTION	D/C	PRICE	EXTENSION			
1.00	EA	CEMENT PUMP	CHARGE	0.00	650.00	650.00			
30.00	SAX	60-40 POZ MIX 4	% GEL	0.00	9.69	290,70			
1.00	EA	POLY TRAILER	RENTAL	0.00	250.00	250.00			
16.00	MI	CEMENT MILEAG	GE PUMP TRUCK	0.00	4.00	64.00			
32.00	МІ	CEMENT MILEAG	GE RT	0.00	2.00	64.00			
1.00	EA	MIN. BULK CHAP	RGE	0.00	150.00	150.00			
1.00	VII	MIN. BULK TRUC	K-TON MILES	0.00	150.00	150.00			
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DESIGNATION OF THE PROPERTY OF									
REMIT TO: P.O. BOX 438			COP-B		Net Invoice: 1,6° CHSCO Sales Tax: 6 Invoice Total: 1,6°				
HAYSVILLE,	KS 67060	FUEL SURCHARGE MILEAGE, PUMP A	IS NOT TAXABLE AND I NO OR DELIVERY CHAI	S ADDED TO CH					
RECEIVED BY		,	THE STATE OF THE S	- CONTRACTOR OF THE CONTRACTOR					
NECEIVED BY		N	ET 30 DAYS		-				

Copoland Acid & Coment is a subsidiery of Gressel Oil Field Service

Gressel Oil Field Service reserves a secured party under the goods cold until the same are pold for in full and reserve all the rights of a secured party under the Uniform Commercial Code

Acid & Cement

# FIELD order № C37556

BOX 438 · HAYSVILLE, KANSAS 67060

		316-524-1225		
		DA	TE Jake 1	20_\^
AUTHOR	IZED BY:	NAME OF CUSTOMER		
ddress			State _	
Treat Wel				
s Follows:	Lease	Well No.	Customer Order No	
ec. Twp. ange		County Clause	State _	<b>K</b>
plied, and no alment is pa r invoicing do The undersi	representations yable. There will epartment in acc gned represents	consideration hereof it is agreed that Copeland Acid Service is to service or mage that may accrue in connection with said service or treatment. Copels have been relied on, as to what may be the results or effect of the servicin be no discount allowed subsequent to such date. 6% interest will be chargordance with latest published price schedules.  himself to be duly authorized to sign this order for well owner or operator.	ind Acid Service has made no rej	presentation, expressed
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I certify the	nat the above	material has been accepted and used; that the above service	e was performed in a good	d and workmanlike
MEMIOI G	inger the diffe	ction, supervision and/control of the dwher, operator or his a	gent, whose signature app	ears below.
Copeland	Representativ	e true l'y		
Station	Bus			
Remarks_			Well Owner, Operator or Agent	



## TREATMENT REPORT

Acid Stare No. FIT

Company Well Name & N Location County Casing: Size Formation: Furmation: Liner: Size Ceme	Type & W.	Type & Wt.	Perf.  Top at	Type Treatment: Amt.  Biddown Bbl. /Gal.  Bbl. /Gal.  Bbl. /Gal.  Bbl. /Gal.  Bbl. /Gal.  Flush Bbl. /Gal.  Franced from tt. to tt. No. ft.  from ft. to tt. No. ft.  from ft. to tt. No. ft.  from ft. to tt. No. ft.  Actual Yolume of Oll/Water to Load Hole:  Bbl. /Gal.  Bbl. /Gal.  Flush Bbl. /Gal.  France ft. to tt. No. ft.  from ft. to tt. No. ft.  Actual Yolume of Oll/Water to Load Hole:  Bbl. /Gal.  Bbl. /Gal.  France ft. to tt. No. ft.  Actual Yolume of Oll/Water to Load Hole:  Bbl. /Gal.  Bbl. /Gal.  Bbl. /Gal.  France ft. to tt. No. ft.  Bbl. /Gal.  Bbl. /Gal.  France ft. to tt. No. ft.  Bbl. /Gal.  Bbl.
Perfo			•	Diugging or Sealing Materials: Type
Company Re	epresentative		The second secon	Treates 14
TIME a.m /p.m.	PRESS Tubing	URES Caping	Total Fluid Pumped	REMARKS
12.10			53.881	Start Mixed Consider in Poly pipe to accident to Senger to Sucker poly pipe out top off washing the Property pipe out to Promise to
:				