



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

KANSAS CORPORATION COMMISSION 1087031
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.

(Print Name) Employee of Operator or Operator on above-described well,

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 #1

JUN 28 2012

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

DATE JOB STARTED 6-6-12
 LEASE: Stauffer's
 COUNTY Cherokee

DATE JOB COMPLETED: 6-7-12
 WELL # 3-34

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

Bottom to
Top
65

Number of Sacks cement at _____
 Number of Sacks cement at _____
 Number of Sacks cement at _____
 Number of Sacks cement at _____
 Total Number of Sacks of Cement _____

_____	feet
_____	feet
_____	feet
_____	feet

Type of Cement used: _____
 Ticket number: _____
 Cementing Company: Arvesel
 Date Plugging Completed: 6-7-12
 State Plugging Agent: Patrick Shields

Description of Work Performed:

Rig up - Pull out tubing & packer - sand off well - spot 4 sack's
of cement on top.
6-7 Pump cement & plug

Joints Feet Size			Pulled from Well:					Equipment			Joints Feet Size					Run in Well:				
1	2	4 1/2						Packer												
								Anchor												
								Polished Rod												
								Rods												
			2'	4'	6'	8'	10'	Rods												
								Rod Subs						2'	4'	6'	8'	10'		
								Pump												
29		23 1/2						Tubing												
			2'	4'	6'	8'	10'	Tubing Subs						2'	4'	6'	8'	10'		
								Barrel												
1	15	23 1/2						Mud Anchor												

Services Hours Per Hour Amount

Unit and Power Tools	8	\$175.00	\$
Road Time - Per hour		\$175.00	\$
Supervisor time		\$40.00	
Material Transfer			\$
Swab Cups			\$
Sales Tax			\$
Total Due			\$

igned Paul P. Date: 6-8-12

COPELAND

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

Invoice

Page: 1

Acid & Cement

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

**INVOICE NUMBER:
C37950-IN**

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

LEASE: STAUFFER 3-34

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/12/2012	C37950		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
65.00	SAX	60-40 POZ MIX 4% GEL		0.00	9.69	629.85
1.00	EA	POLY PIPE TRAILER		0.00	250.00	250.00
		THE FOLLOWING ITEMS ARE SPLIT BETWEEN 8 WELLS				
1.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	37.50	37.50
1.00	MI	CEMENT MILEAGE PU TRUCK		0.00	100.00	100.00
1.00	EA	BULK CHARGE		0.00	77.03	77.03
1.00	MI	BULK TRUCK - TON MILES		0.00	223.70	223.70
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B		Net Invoice:		1,968.08
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		CHSCO Sales Tax:		65.70
RECEIVED BY		NET 30 DAYS		Invoice Total:		<u>2,033.78</u>

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 No C 37510

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

DATE June 7 2012

IS AUTHORIZED BY: Ammonium Fluoide Corp
(NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well As Follows: Lease Surface Well No. 3-34 Customer Order No. _____
Sec. Twp. Range _____ County Chase 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	Prop charge for plug jobs		61.30
	60	60-110-400 per 1000' well		629.00
		75 miles long pump truck using 4 1/2 mile split Buick		21.00
	1	Rigging charge		250.00
	2200	Reloading miles 2 1/2 mile long using split Buick		100.00
433		Bulk Charge 1 1/2 mile split Buick		90.00
1636		Bulk Truck Miles 1 1/2 mile split Buick		22.50
		Process License Fee on Gallons		
		TOTAL BILLING		<u>1142.80</u>

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 Burns

Well Owner, Operator or Agent _____

Remarks 4330 Plug

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. RT

Date 6-7-12 District Queen F. O. No. _____
 Company American Energy Corp
 Well Name & No. Spalten 304
 Location _____ Field _____
 County Chase State Ka
 Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 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. _____ Spung 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: 323 Hd. _____ Twin _____
 Auxiliary Equipment Pak 305 Ty 133
 Packer: _____ Set at _____ ft.
 Auxiliary Tools Poly Trailer
 Plugging or Sealing Materials: Type 65 sacks 60-210-475

Company Representative _____

Treater Jay B.

TIME a.m. / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
3:20			0	Rip up Ben poly to 260' down 4 1/2"
3:20			1480	Sand mix 65 sacks sand 4 1/2" fill
				fill poly out
				wash out top off acid
				Wash up zone down extra time clean
4:30				all tackline finish plug jobs
4:30				plug out
				back location