



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

KANSAS CORPORATION COMMISSION 1087068
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 #1

JUN 28 2012

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

DATE JOB STARTED 6-5-12
LEASE: Stauffert
COUNTY Chase

DATE JOB COMPLETED: 6-7-12
WELL # 4-34

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

<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>35</u>	Total Number of Sacks of Cement

_____	feet	Type of Cement used: _____
_____	feet	Ticket number: _____
_____	feet	Cementing Company: <u>Gresel</u>
_____	feet	Date Plugging Completed: <u>6-7-12</u>
		State Plugging Agent: <u>Patrick Shields</u>

Description of Work Performed:

Pump cement - Bottom to top

Joints	Feet	Size	Pulled from Well:					Equipment	Run In Well:						
								Packer							
								Anchor							
								Polished Rod							
								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>1</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: 6-8-12

COPELAND

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

Invoice

Acid & Cement

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

INVOICE NUMBER:
C37948-IN

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

LEASE: STAUFFER 4-34

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/12/2012	C37948		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
85.00	SAX	60-40 POZ MIX 4% GEL THE FOLLOWING ITEMS ARE SPLIT BETWEEN 8 WELLS		0.00	9.69	823.65
1.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	37.50	37.50
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 FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: CHSCO Sales Tax: Invoice Total:		1,811.88 47.45 <u>1,859.33</u>
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 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 37948

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

DATE June 7 2012

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

Address _____ City _____ State _____

To Treat Well As Follows: Lease Grant Well No. 4-34 Customer Order No. _____

Sec. Twp. Range _____ County Chase State K

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	Ramp Charge for 12 1/2" split well		600.00
	85	12 1/2" casing hole for 85' depth		232.50
		12 1/2" casing hole split well		31.00
493		Bulk Charge for 12 1/2" split well		75.00
1636		Bulk Truck Miles for 12 1/2" split well		20.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				<u>1151.50</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 _____

Well Owner, Operator or Agent _____

Remarks A. case 300 p.s

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. 10

Date 6-7-12 District Austin F. O. No.
 Company American Energy Corp
 Well Name & No. SWD 4-84
 Location Field
 County Chase State Km
 Casing: Size 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. Spung at ft.
 Perforated from ft. to ft.
 Open Hole Size T. I. ft. P. U. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Breakdown 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 Sp. Twin
 Auxiliary Equipment Blank 308 JT 133
 Worker: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Material: Type 85 sacks 60-40-4 1/2 Poz.

Company Representative

Treater [Signature]

TIME A.M./P.M.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:55			0	Rig up to plug joints @ 1 min 2" tubing @ 660' 7" casing Swab down hole 35 sacks bottom plug 7 1/2 boxes 35 sacks away H.B slurry wash up gang down 10 1/2 boxes hole knock off tubing & pull 400' out
2:45			11 Bbl.	Tubing @ 260' tension Cementite 7" Full pull tubing top off plugged out make hole to next well
3:05				
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