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

1087079

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
Address 2:	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 #: SWD Permit #: SWD 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.	County:
Deptil to top Bottom: I.D	

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	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:	Name:							
Address 1:		Address 2:								
City:		State:	Zip:	+						
Phone: ()										
Name of Party Responsible for Plug	gging Fees:									
State of	County,	, SS.								
	(Print Name)		tor or Operator on a							
haing first duly sugars an asthe says	That I have be available of the faste	atotomonto, and matters barain contained, and the	log of the chour describe	dwall is as filed and						

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

06/28/2012	10:59	6206284435		4	MERIC	AN ENE	RGIES			F	PAGE 01/10
		AN ENERGIES					I	PULLING	G UNIT (#1	2 8 2012
		K 516, 136 N MA	IN							利用	2 8 2012
		N, KS. 67428		PHONE: 62							
DATE JOB STAR EASE:	TED 6-	4-12	_	DATE JOB (WELL #		ETED:	6-	7-1:	<u>کے</u>		
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ubing Failure:											
ubing leak-Number	of Jts Dowi	n Ki	ind of Brea	k	Size &	& Туре о	f Replac	ement			
eplaced with New_		or Used									
lugging Well	Please Co	mplete information	ז								
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POST OFFICE BOX 438

HAYSVILLE, KS 67060

(316) 524-1027 FAX

(316) 524-1225

To:2631851

Invoice

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Page: 1



Acid & Cement

(620) 463-5161 FAX (620) 463-2104

BURRTON, KS 🍐 GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

INVOICE	NUMBER:
C37943-	IN

LEASE: ALAN L. DEGOOD, PRES.

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

Stauffer 5

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL INSTRUCTIONS		
06/12/2012			06/07/2012			NET 30		
QUANTITY	U/M	ITEM NO./D	ITEM NO./DESCRIPTION			PRICE	EXTENSION	
1.00	EA	CEMENT PUMP	CHARGE		0.00	650.00	650.00	
81.00	SAX	60-40 POZ MIX THE FOLLOWI 8 WELLS	4% GEL NG ITEMS ARE SPI	LIT BE TWEEN	0.00	9,69	784.89	
1.00	м	CEMENT MILEA	GE SPLIT		0.00	37.50	37.50	
1.00	EA	BULK CHARGE	SPLIT		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 HAY\$VILLE, KS 67060			E IS NOT TAXABLE ANI AND OR DELIVERY CH		снясо	Net Invoice: D Sales Tax: Invoice Total:	1,773.12 47.45 1,820.5 7	
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 & Coment is a subsidiary of Gressel Oil Field Service Grossel Oll Field Sorvice 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

JUN-12-2012 15:26 From:	3165241027	To:2631851	Page:23/24
Acid & Cement		field Order №	C 37943
Acia & Cement 281	BOX 438 • HAYSVILLE, KANSAS 6706 316-524-1225 C	DATE June 7	20 12
IS AUTHORIZED BY:	ELUCIÓN COLUMN	AMART TO A THE	
Address	City	State	
To Treat Well As Follows: Lease	Well No	Customer Order No.	
Sec. Twp. Range	County Classic	State	1

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 tiable 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 dats. 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

	IS COMMENCED	Well Owner or Operator By	Agent	
CODE	QUANTITY	DESCRIPTION		AMOUNT
• · · · · · · · · · · · · · · · · · · ·		Produce For play Theb		(G)
	5100	60-40-476 Por \$ 909/50	,	7846
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	Harson	Bulk Charge 12 / sec. Split & west		17
	1626	Bulk Truck Miles		2.23
		Process License Fee onGallons		
		TOTAL BILLING		111.15
manner	that the above under the dira I Representativ		ed in a good gnature appe	and workmani bars below.
ətativit	<u> </u>	Well Owner, Opera	tor or Agent	······································



TREATMENT REPORT



	• •				Type Treatment:		Type Fluid	Sand Size	l'uunda of Baud
Date LOT	<u>) _ </u>	atrict		No	Bkdown	Bbl. /Q#1. "		PTF ALGELIELE.A.A.A.	
Company,	Jungan	K F M		8	1141471-0142-0444	Bbl. /Gal	*****		
Well Name 4 3	No		31	***************************************					
Location	•								
COUNTY	Joren -		State		Flush				********
Casing: Size .		Type & W1.,	,, + <u>4</u> , , ++ , , , - , , , , , , , , , , , , , , , , , , ,						
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Vormation:				to					
Farmation:						Oll/Water to Loed			
Liner; Size		t	TOP 41	Bottom st	i Pump Trucks, Na	. Umo: 810.80		Tw	-In
Cem	ented: Yes /No.	Perforated In	om	ft. 10.,	Auxiliary Equium	une 5 5 133	Bulk. 135	+208	
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