



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

KANSAS CORPORATION COMMISSION 1087103
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 18 2012

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

DATE JOB STARTED 5-31-12
LEASE: Stauffer
COUNTY Chase CO

DATE JOB COMPLETED: 6-1-12
WELL # 78

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
75 sack

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: 37937
Cementing Company: Gresel
Date Plugging Completed: 6-1-12
State Plugging Agent: Patrick Shwelder

Description of Work Performed:

(5-31-12) Tag bottom - sand off - spot 4 sacks of cement on top @
(6-1-12) Plug well @

Joins	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>3</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: _____

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
COUNTY Chase

DATE JOB COMPLETED: 6-7-12
WELL # 7B

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

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

Description of Work Performed:

Rig up Ran 1" to bottom - pump cement to bottom - Pull pipe & clean up Rig down.

Equipment	Pulled from Well:					Run In Well:					
Equipment	2'	4'	6'	8'	10'	Equipment	2'	4'	6'	8'	10'
Packer											
Anchor											
Polished Rod											
Rods											
Rods											
Rod Subs											
Pump											
Tubing											
Tubing Subs											
Barrel											
Mud Anchor											

Services	Hours	Per Hour	Amount
Unit and Power Tools	<u>2</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

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:
C37937-IN

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

LEASE: STAUFFER B#7

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/12/2012	C37937		06/01/2012		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
75.00	SAX	60-40 POZ MIX 4% GEL		0.00	9.69	726.75
16.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	64.00
1.00	EA	POLY TRAILER		0.00	0.00	0.00
32.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	2.00	64.00
1.00	EA	MIN. BULK CHARGE		0.00	150.00	150.00
316.80	MI	BULK TRUCK - TON MILES		0.00	1.10	348.48
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B		Net Invoice:		2,003.23
RECEIVED BY		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		CHSCO Sales Tax:		47.45
				Invoice Total:		<u>2,050.68</u>
		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 37937

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

DATE June 1 20 12

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

Address _____ City _____ State _____

To Treat Well As Follows: Lease Stratton Well No. B#7 Customer Order No. _____

Sec. Twp. Range _____ County Chester 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	Pump down		6.00
	75 gal	CO ₂ -H ₂ O-4% PO ₂ = 9.00/gal		7.50
	10 min	1/2" test string @ 4" min for pump		6.00
	1	Pole test log		6.00
	32 min	1/2" test string @ 10.00 @ 2" min		6.00
	75 gal	Bulk Charge		1.50
	316 mi	Bulk Truck Miles @ 1.10/mile		34.76
		Process License Fee on Gallons		
		TOTAL BILLING		50.76

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 [Signature]

Well Owner, Operator or Agent

Remarks Well down to 300

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. PS

Date 6-1-12 District Bucare P. O. No. _____
 Company American Energy Corp
 Well Name & No. Spiller R 7
 Location _____ Field _____
 County Orose State K

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 Bbl. _____ Twin _____
 Auxiliary Equipment Bulk 322 Tanks 105 + Poly tanks
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Hoisting or Sealing Materials: Type 5 sacks 6020-400 lbs _____

Casing: Size 7" 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.D. _____ ft. P.B. to _____ ft.

Company Representative _____ Treater John D.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:00				Already rigged up on #7 run poly spacers to 200' could not make more hole.
:			0	Start mixing acid down hole 5 sack slurry
1:00			153 Bbl	7" stands still pull poly out top OK
2:00				End timer wash up
:				Test down
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