



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

KANSAS CORPORATION COMMISSION 1087310
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 6-7-12
 LEASE: Stauffer
 COUNTY: Chase

DATE JOB COMPLETED: 6-7-12
 WELL # 6 API 15-017-20717

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	_____	feet
<u>top</u>	Number of Sacks cement at	_____	feet
	Number of Sacks cement at	_____	feet
	Number of Sacks cement at	_____	feet
<u>225x</u>	Total Number of Sacks of Cement	_____	

Type of Cement used: _____
 Ticket number: 37944
 Cementing Company: Gresol
 Date Plugging Completed: 6-7-12
 State Plugging Agent: Patrick Shields

Description of Work Performed:
(6-7) Ran 1" to bottom - Pump cement to top - Pull 1" & clean up rig down

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

INVOICE NUMBER:
C37945-IN

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

LEASE: STAUFFEN 6

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/12/2012	C37945		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
22.00	SAX	60-40 POZ MIX 4% GEL		0.00	9.69	213.18
1.00	EA	POLY TRAILER RENTAL		0.00	250.00	250.00
		THE FOLLOWING ITEMS ARE SPLIT BETWEEN 8 WELLS				
1.00	MI	CEMENT MILEAGE		0.00	37.50	37.50
1.00	MI	MILEAGE PU SPLIT		0.00	100.00	100.00
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 HAYSVILLE, KS 67060		COP-B		Net Invoice:		1,551.41
		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:		1,617.11

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

KGSOil and Gas
Well
Database

Specific Well--15-017-20717

Oil & Gas

All Well Data

API: 15-017-20717 KID: 1002894499 Lease: STAUFFER Well 6 Original operator: YELLOW ROSE ENERGY Current operator: American Energies Corporation Field: Elmdale Location: T19S R7E, Sec. 35 NE SW NW 1520 South, 1290 East, from NW corner Longitude: -96.63038 Latitude: 38.358391 Lat-long from GPS County: Chase	Permit Date: Jan-17-1995 Spud Date: Feb-01-1995 Completion Date: Feb-14-1995 Plugging Date: Well Type: GAS Status: Inactive Well Total Depth: 1102 Elevation: 1355 GL Producing Formation: IP Oil (bbl): 0 IP Water (bbl): 100 IP GAS (MCF): 15
View well on interactive map	

ACO-1 and Driller's Logs

PDF files from the KGS

- [ACO-1 Form](#)

For information on software to view and use the files we distribute on our web pages, please view our [File Format Tools](#) page.

Wireline Log Header Data

Logger: Midwest Surveys Tool: Gamma Ray Neutron Operator on log: Yellow Rose Energy Top: 500; Bottom: 1099 Log Date: Feb-23-1995 BHT: F Gamma Ray: Y Spontaneous Potential: Holdings at: Lawrence	<ul style="list-style-type: none"> • Download Black and White Scan (Zip size: 366 k)
For information on software to view and use the files we distribute on our web pages, please view our File Format Tools page.	

Tops Data

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FORM MUST BE TYPED

SIDE ONE

35-19-70 COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 31595

Name: Yellow Rose Energy

Address: Box 448

Cottonwood Falls,

City/State/Zip Kansas 66845

Purchaser: _____

Operator Contact Person: Clay Sylvester

Phone (316) 273-6842

Contractor: Name: Evans Energy

License: 8509

Wellsite Geologist: None

Designate Type of Completion
 New Well Re-Entry Workover

Oil SUD SIGW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SUD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SUD or Inj?) Docket No. _____

2/1/95 2/13/95 2/14/95
Spud Date Date Reached TD Completion Date

API NO. 15- 017-207170000
County Chase
C NW Sec. 35 Twp. 19 Rge. 7 NE

1520 Feet from S(N) (circle one) Line of Section
1290 Feet from S(N) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Stauffer Well # 6

Field Name Elmdale

Producing Formation Ireland

Elevation: Ground 1355 KB _____

Total Depth 1102 PBTB _____

Amount of Surface Pipe Set and Cemented at 200 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALT 1 DPW
(Data must be collected from the Reserve Pit) 8-30-95

Chloride content NA ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____
STATE RECEIVED
OIL & GAS CONSERVATION COMMISSION

Operator Name AUG 29 1995

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ Rge. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market
Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well.
Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of
12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12
months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS
MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

Requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied
with and the statements herein are complete and correct to the best of my knowledge.

Signature Clay Sylvester

Title Vice-President Date 8/21/95

Subscribed and sworn to before me this 22 day of August
19 95

Notary Public Joan L. Burton

Date Commission Expires June 6 1997

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SUD/Rep NGPA
 KGS Plug Other
(Specify)

JOAN L. BURTON
State of Kansas
My Appl. Exp. 6-6-97

95-A1-2e

SIDE TWO

108845

Operator Name Yellow Rose Energy

Lease Name Stauffer

Well # 6

Sec. 35 Twp. 19 Rge. 7

East

West

County Chase

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample

Name _____ Top _____ Datum _____

Severy _____ 595 _____ 760

Ireland _____ 1088 _____ 267

CASING RECORD

New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9 7/8"	7"	20	200'	A	85	3% CaCl2
Production	6 1/4"	4 1/2"	10.5	1066'	A	125	-

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
		Amount	Depth

TUBING RECORD Size 2 3/8" Set At 1080' Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. Test 4/1/95 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 0 Bbls. Gas 15 Mcf Water 100 Bbls. Gas-Oil Ratio _____ Gravity _____

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease (If vented, submit ACD-18.)

Open Hole Perf. Dually Comp. Commingled 1088-1102'

Other (Specify) _____