

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 5-29-12
LEASE: Marshall
COUNTY Chase Co.

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

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 Number of Sacks cement at _____
Top Number of Sacks cement at _____
Number of Sacks cement at _____
Number of Sacks cement at _____
50 sacks Total Number of Sacks of Cement

_____ feet Type of Cement used: _____
_____ feet Ticket number: 37939
_____ feet Cementing Company: Gressel
_____ feet Date Plugging Completed: 6-1-12
State Plugging Agent: Patrick Shields

Description of Work Performed:

(5-29-12) Rig up - Pull out rods, pump & tubing, sand off well (2 1/2)
(5-30-12) Tag sand at 1125 - Spot 4 sacks of cement on top (1 1/2)
(6-1-12) Plug well. (1)

Took all equip. to Lehig yd. used

Joins	Feet	Size	Pulled from Well:				Equipment	Run In Well:					
							Packer						
							Anchor						
1	16	1 1/2					Polished Rod						
47		5/8					Rods						
							Rods						
1	2	5/8	2'	4'	6'	8'	10'	Rod Subs	2'	4'	6'	8'	10'
1		2 x 1 1/2 x 8'						Pump					
37		2 3/8						Tubing					
			2'	4'	6'	8'	10'	Tubing Subs	2'	4'	6'	8'	10'
								Barrel					
1	10'	2 3/8						Mud Anchor					

Services	Hours	Per Hour	Amount
Unit and Power Tools	<u>5</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: _____

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:
C37939-IN

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

LEASE: **MARSHAL A**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/12/2012	C37939		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
50.00	SAX	60-40 POZ MIX 4% GEL		0.00	9.69	484.50
1.00	EA	POLY TRAILER RENTAL		0.00	250.00	250.00
16.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	64.00
32.00	MI	CEMENT MILEAGE		0.00	2.00	64.00
1.00	EA	MIN. BULK CHARGE		0.00	150.00	150.00
211.30	MI	BULK TRUCK - TON MILES		0.00	1.10	232.43
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:		1,894.93 65.70 <u>1,960.63</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 37259

BOX 498 • HAYSVILLE, KANSAS 67060 316-524-1225

DATE June 1 20 12

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

Address _____ City _____ State _____

To Treat Well As Follows: Lease Marlow Well No. H 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

Table with 5 columns: CODE, QUANTITY, DESCRIPTION, UNIT COST, AMOUNT. Contains handwritten entries for Pump Charge, Diesel, and Bulk Charge.

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 _____

Station _____

Well Owner, Operator or Agent _____

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. RT

Unit 6-1-12 District Baytown F. O. No. _____
 Company American Energy Corp
 Well Name & No. Marshal A
 Location _____ Field _____
 County Orange State TX
 Casing: Size 4 1/2 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.
 Screen Hole Size _____ T.D. _____ ft. P.D. to _____ ft.

Type Treatment: Aml. 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: 10 1/2 (Bbl.)/Gal.
 Pump Trucks No. Used: 323 No. _____ Twin _____
 Auxiliary Equipment Bulk 302 Hookup 1050 poly trails
 Packers: _____ Set at _____ ft.
 Auxiliary Tools _____
 Mudding or Sealing Materials: Type 50 sacks 60-40-24C BZ

Company Representative _____ Treater Jay Dyl

TIME a.m. (P.M.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:35				Running ISA rig up low poly to 260'
2:00			0	Start mixing going down hole 417 slurry
:			10 1/2	No fluid in casing then poly pipe pull poly out
:				Repair hole in line top well all
2:40			13 1/2	Casing pull wash up
3:00				End time
:				All tools cleaned up took down left head
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