

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 6-4-12
LEASE: Stauffer
COUNTY Chase

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

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>56</u>	Total Number of Sacks of Cement

_____	feet
_____	feet
_____	feet
_____	feet

Type of Cement used: _____
Ticket number: 37945
Cementing Company: Crescent
Date Plugging Completed: 6-7-12
State Plugging Agent: Patrick Shields

Description of Work Performed:

(6-4-12) Rig up - Pull out pipe + ran 2 1/2" down tubing (2 1/2)
(6-7-12) Cement Bottom to top - Pull out 1" + rig down (1)

Took pipe + pump to Lehig shop - used

Joints	Feet	Size	Pulled from Well:					Equipment	Joints	Feet	Size	Run in Well:						
								Packer										
								Anchor										
								Polished Rod										
								Rods										
								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 1/2</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:
C37944-IN

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

LEASE: STAUFFEN 6A

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/12/2012	C37944		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
56.00	SAX	60-40 POZ MIX 4% GEL THE FOLLOWING ITEMS ARE SPLIT BETWEEN 8 WELLS		0.00	9.69	542.64
1.00	MI	CEMENT MILEAGE 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 HAYSVILLE, KS 67060		COP-B FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 1,530.87 CHSCO Sales Tax: 47.45 Invoice Total: <u>1,578.32</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 37544

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

DATE June 7 20 12

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

Address _____ City _____ State _____

To Treat Well As Follows: Lease Lease Well No. 604 Customer Order No. _____

Sec. Twp. Range _____ County Chester State Ks

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	Prop. charge to plant		62.00
		3600 lbs. Cement - 4 1/2 lbs. per gal. @ 1.50		540.00
		7500 lbs. Heavy pump truck discharge 1 1/2" sp. @ 8.00		60.00
	127	Bulk Charge @ 127 gal. @ 5.60		711.20
	110	Bulk Truck Miles @ 110 miles @ 1.80		198.00
		Process License Fee on _____ Gallons		
		TOTAL BILLING		1522.20

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 [Signature]

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. *5*

Date *6/7/12* District *Superior* F. O. No. _____
 Company *American Energy Corp*
 Well Name & No. *Star Rel. C-11*
 Location _____ Field *Bo*
 County *Chico* State *Pa*

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand

Bkdown _____ 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. _____

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.D. _____ ft. P.U. to _____ ft.

Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.

Pump Trucks, No. Used: *203* Sp. _____ Twin _____
 Auxiliary Equipment *T-rack Bulk tank 305*
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type *56 ssd. 60-110-1150*

Company Representative _____

Treater *Gregory Ruff*

TIME A.M./P.M.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
<i>10:05</i>				<i>Rig up in cement at 3 wells</i>
				<i>Rig up 1" line to well</i>
				<i>1" tube @ 200' run sand line sand annulus clay</i>
				<i>Stephens deep base down 7" H/S sweep</i>
				<i>7" Fall top on 1"</i>
				<i>Sweep down hole</i>
				<i>SBO: 1/2 full cement pull 1" top off</i>
<i>11:05</i>				<i>Wash out 1" tub</i>
				<i>move line to next well</i>