



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

KANSAS CORPORATION COMMISSION 1089915
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



INVOICE

DATE July 17, 2012
INVOICE # 5317

470 Yucca Ln Pratt, KS 67124
Office Phone (620)672-9100 Fax (620)672-5020

Bill To: AMERICAN ENERGIES CORP
PO BOX 516
CANTON, KS 67428

Lease Name Double H Farms
Well Number 24-1
County Ford
State KS

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	07/02/2012 Work Ticket #11797		
9.0	Rig #20 Operator & 2 men	235.00	2,115.00
3.0	Gal Wash Gas	3.30	9.90
1.0	Oil Saver Rubber	20.00	20.00
	07/03/2012 Work Ticket #11798		
12.0	Rig #20 Operator & 2 men	235.00	2,820.00
5.0	Gal Wash Gas	3.30	16.50
1.0	Tubing Wiper	75.00	75.00
	SUBTOTAL		\$ 5,056.40
	TAX RATE		7.95%
	SALES TAX		401.98
	TOTAL		5,458.38

No 11797

ALLIANCE WELL SERVICE, INC.

271 Lake RD • Pratt, KS 67124
24 Hour Phone: 785-623-3014 • Fax: 620-672-5020

WORK TICKET

NEW WELL

OLD WELL

RIG # 20

DATE 7/2/12

COMPLETE

INCOMPLETE

COMPANY American Energies

JOB TYPE Plug

LEASE Double H Farms

WELL # 24-1

ADDRESS _____

SEC _____

TWP _____

ANG _____

CITY / STATE _____

ZIP CODE _____

COUNTY Ford

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Paul</u>	<u>9</u>			<u>9</u>
DERRICK HAND	<u>Jim</u>	<u>9</u>			<u>9</u>
FLOOR HAND	<u>Scott</u>	<u>9</u>			<u>9</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

MIKHU COOH rods & pump in singles. Rig over to rig
Secure well & rig SPEN.

Double Drum Rig w/2 Men	<u>9</u>	Hrs @	<u>235</u>	Per Hour	Total	<u>2,115</u>
Travel Time		Hrs @		Per Hour	Total	
Swab Cups No.		Size		Type	Per Each	Total
Swab Cups No.		Size		Type	Per Each	Total
Misc	<u>3 gal wash gas</u>					Total <u>9.90</u>
Misc	<u>1 oil saver luber</u>					Total <u>20</u>
Misc						Total
Misc						Total
Misc						Total
Misc						Total
x						Total
Company Representative		Date				TOTAL

WorkflowOne - Lilly Kingsley - 866-257-4154

No 11798

ALLIANCE WELL SERVICE, INC.

271 Lake RD • Pratt, KS 67124
24 Hour Phone: 785-623-3014 • Fax: 620-672-5020

WORK TICKET

NEW WELL

OLD WELL

RIG # 20

DATE 7/13/12

COMPLETE

INCOMPLETE

COMPANY American Energies

JOB TYPE Plug

LEASE South H Farms

WELL # 24-1

ADDRESS _____

SEC _____

TWP _____

RNG _____

CITY / STATE _____

ZIP CODE _____

COUNTY Ford

STATE KS

POSITION	NAME	HRS REVENUE	TRAVEL	NON REVENUE	TOTAL HRS WKD
OPERATOR	<u>Que</u>	<u>12</u>			<u>12</u>
DERAICK HAND	<u>Scott</u>	<u>12</u>			<u>12</u>
FLOOR HAND	<u>John</u>	<u>12</u>			<u>12</u>

JTS	PULLED	WELL EQUIPMENT	JTS	RAN
		RODS		
		RODS		
		PONY RODS		
		POLISHED RODS		
		PUMP / VALVES		
		TUBING		
		PUPS		
		SN / BBL		
		ANCHOR / PACKER		
		OTHER		

DESCRIPTION OF WORK BEING PERFORMED

To loc COOH - job. Break head + rig up loggers
Set CIBT + trap cement. Dig out pit + S.I.H w/ job
Break up cementers + plug. CUT + loc B.L.M.O.

Double Drum Rig w/2 Men	<u>12</u>	Hrs @	<u>235</u>	Per Hour	Total	<u>2,820</u>
Travel Time		Hrs @		Per Hour	Total	
Swab Cups No.		Size		Type	Per Each	Total
Swab Cups No.		Size		Type	Per Each	Total
Misc	<u>5 gal wash gas</u>					Total <u>16.50</u>
Misc	<u>1 lb wiper</u>					Total <u>75</u>
Misc						Total
Misc						Total
Misc						Total
Misc						Total
x						TOTAL

Company Representative _____ Date _____

WorkflowOne - Lily Mingsley - 866-237-4154



CHARGE TO: AMERICAN ENERGIES
 ADDRESS: 2 pages
 CITY, STATE, ZIP CODE: An: Mindy No 22749

WELL PROJECT NO: #1
 TICKET TYPE: SERVICE SALES WELL TYPE: OIL
 CONTRACTOR: HAH FARMS
 RIG NAME/NO: FORD
 COUNTY/PARISH: MINNEDLA, KS.
 DATE: 5 July 12
 ORDER NO.:
 WELL LOCATION: 4 1/2 N, E 21 W

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.	UOM	QTY.	UOM	UNIT PRICE	AMOUNT
575					MILEAGE \$110	77	MIL			6.00	462.00
576P					Pump CHARGE	1				1000.00	1000.00
275					COTTON SEED HULLS	1	SK			25.00	25.00
290					D-AIR	1	SK			35.00	35.00
328-4					60/40 PREMIX 40% GEL	120	SK			11.50	1380.00
581					SERVICE CHARGE CEMENT	125	SK			2.00	250.00
583					DRAINAGE	10487	lbs			1.00	367.0477

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X: Thad Starn TIME SIGNED: 1500 3 July 12 AM PM

DATE SIGNED: 3 July 12

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SWIFT OPERATOR: Thad Starn

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this label.

APPROVAL: Thad Starn

PAGE 1 OF 1

TICKET NO: 22749

NO. 9426

RECEIVED: 07/11/2012 WED 04:04PM

07/11/2012 15:38 SWIFT Services (FAX) 785 798 2384 P. 001/002

Thank You

JOB LOG

SWIFT Services, Inc.

DATE 3 July 12 PAGE NO.

CUSTOMER
AMERICAN ENERGIES

WELL NO. # 1

LEASE HH FARMS

JOB TYPE PTA

TICKET NO. 22749

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				Y	C	TUBING	CASING	
	1215							ON LOCATION
	1330			1				SET 1 ST PLUG @ 1600' - 25 SX - 15x PULS
	1355			1				SET 2 ND PLUG @ 1600' - 25 SX
	1410			1				SET 3 RD PLUG @ 1600' - CIRCULATE CEMENT 40 SX
	1426			1				250 PSI ANNULUS 25 SX
	1435							TOP WELL OFF 5 SX
	1440							WASH TRUCK
	1500							JOB COMPLETE
								THANKS B 110
								JASON JEFF DOUG