



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

KANSAS CORPORATION COMMISSION 1099229
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
 K.A.R. 82-3-117

Form CP-4
 March 2009

Type or Print on this Form
Form must be Signed
All blanks must be Filled

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

Mike's Testing & Salvage Inc.

P.O. Box 467
Chase, KS 67524

Invoice

Date	Invoice #
10/17/2012	13574

Bill To
Trek AEC, LLC 155 N. Market, Suite 710 Wichita, Kansas 67202

P.O. No.	Lease	County
	M. Yost 1	Marion

Qty	Description	Rate	Amount
21	Hrs	195.00	4,095.00T
	Sand	40.00	40.00T
5	Sx Cement	12.50	62.50T
	Casing Knife	250.00	250.00T
2	Nights out of Town	210.00	420.00T
	9/26/12 Came out. Had trouble backing ring into location due to rain. Seals carried into location. Ran to Galva, loaded 2bbls of sand. Couldn't get truck into location, still raining. Shut down. 4hrs		
	9/27/12 Came out, pulled tubing out. Had trouble with packer setting. Ran down with bailer. Tagged bottom @ 3073'. Had trouble getting water truck in. Dumped sand. Waited on backhoe to dig cellar out. Tagged sand @ 2843'. Dumped 5sx cement with bailer. Set floor. Took backhoe over to P.J. Jost #2 to dig cellar out. Cleaned location. Shut down. 10hrs		
	9/28/12 Came out. Got 13" of stretch. Cut casing @ 1804' and @ 1563'. Laid casing out. Couldn't get rig out. Shut down. 7hrs		
	10/2/12 Rigged up Copeland. Ran poly to 280'. Spotted 50sx hot plug. Pulled poly out. Waited. Ran poly. Tagged cement @ 165'. Circulated cement to surface with 70sx 60/40poz 4% gel. Pulled poly out. Job Done.		
	KCC: Hunt Sales Tax	7.80%	379.67

Total \$5,247.17



FIELD ORDER N° C 38090

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

DATE Oct 2 20 12

IS AUTHORIZED BY: American Energy Corp (NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well _____ As Follows: Lease Sost Well No. M 1 Customer Order No. _____
Sec. Twp. _____ Range _____ County Marion 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	Pump chg for plug Job		650 ⁰⁰
	1	Poly pipe rental		850 ⁰⁰
	50 sack	Slack A com @ 11.25/ for Hot plug		562 ⁵⁰
	3 sack	Calcium Chloride @ 40 ⁰⁰ /bag		120 ⁰⁰
	70 sack	60-40-4% Poz @ 9 ⁰⁰ /sack.		630 ⁰⁰
	65 mile	Yrth luvy milky for pump track @ 4 ⁰⁰ /mile		262 ⁵⁰
	65 mile	Yrth round trip milky for pick up @ 2 ⁰⁰ /mile		130 ⁰⁰
	120 ⁰⁰	Bulk Charge @ 1.25/ sack		150 ⁰⁰
	352 ⁷⁵	Bulk Truck Miles @ 1.10/ 100- mile		388 ⁰⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		2929.05

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 Bullet

Well Owner, Operator or Agent

Remarks Physed out 4:00

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. RT

Date 10-2-12 District Buena Vista F. O. No. _____
 Company Amecion Energy Corp
 Well Name & No. Sect M.1
 Location _____ Field _____
 County Maricopa State _____
 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. I. _____ ft. P. D. to _____ ft.

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: Mid. 323 Sp. _____ Twin _____
 Auxiliary Equipment Bulk tank 312 + 135 + 210 T.T. 132
 Packer Poly pipe Set at _____ ft.
 Auxiliary Tools _____
 Mudding or Sealing Materials: Type _____

Company Representative _____

Treater John Ryl

TIME a.m. (p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:30				Run up Run Poly pipe in to 280'
:				Run up 50 sacks @ 4 1/2 cc for top plug
12:47			113 RB	Start down hole 4.5 sack slurry
1:00				50 sacks away pull poly pipe out
:				Wash up treat down hole to next well
3:35				Run back up run in Poly pipe to cement @ 165' down
3:45			0	Start mixing very slow hole @ 10-15-140 for
:			4 RB	Break circulation on 2 1/2
:			16 RB	70 sacks away good cement to surface
4:15				Run poly back up
:				Wash up treat down
:				4:00 Plugged out