



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

KANSAS CORPORATION COMMISSION 1099265
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

Mike's Testing & Salvage Inc.

P.O. Box 467
Chase, KS 67524

Invoice

Date	Invoice #
10/17/2012	13575

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

P.O. No.	Lease	County
	Kessler I-23	Marion

Qty	Description	Rate	Amount
10	Hrs	195.00	1,950.00T
1	Night Out of Town	210.00	210.00T
	9/24/12 Set rig in. Bottom has been plugged off. Top of plug @ 2700'. Dug out cellar & pit. Set casing jacks in. Cut casing @ 1720'. Laid down 4-1/2 casing. Tore rig down and moved off. 10hrs		
	10/2/12 Rigged up Copeland. Ran poly pipe to 280'. Spotted 50sx hot plug. Pulled out poly. Waited. Ran poly. Hit cement @ 145'. Circulated cement to surface with 45sx 60/40poz 4% gel.		
	KCC: Hunt Sales Tax	7.80%	168.48
		Total	\$2,328.48



FIELD ORDER N° C 38091

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 Kessler Well No. 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	Long clay for submer plug		650 ⁰⁰
	1	Poly pipe rental @ 250 ⁰⁰		250 ⁰⁰
	50 sacks	Class A com @ 1125/sack		562 ⁵⁰
	3 sacks	Calcium Chloride @ 40 ⁰⁰ /sack		120 ⁰⁰
	45 sacks	60-40-40 ⁰⁰ Pos @ 96 ⁰⁰ /sack		432 ⁰⁰
	15 miles	1/4 inch miling for pump truck @ 4 ⁰⁰ /mile		65 ⁰⁰
	65 miles	1/4 inch miling pick up miling @ 2 ⁰⁰ /mile		1300 ⁰⁰
	95 ⁰⁰	Bulk Charge @ 125 ⁰⁰ /sack		150 ⁰⁰
	281 ⁰⁰	Bulk Truck Miles @ 11 ⁰⁰ /100 miles		309 ⁰⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		2608.15

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 Buena

Well Owner, Operator or Agent

Remarks Phy out 4:30

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. RT

Date 10-2-12 District Bureau F. O. No. _____
 Company American Energy Corp
 Well Name & No. Kessler 27
 Location _____ Field _____
 County Maine State ME
 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.D. to _____ ft.

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. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks No. Used: Std. 303 Hp. _____ Twin _____
 Auxiliary Equipment Rulk Tank 302 135210 JT 132
 Packer: _____ Set at _____ ft.
 Auxiliary Tools Poly sealer Tank 105
 Plugging or Sealing Materials: Type 50 sack Cem 45 compounds

Company Representative _____ Treater Jim Ryl

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:15				Test R run in poly pipe to 250'
1:20			0	mix up Cabint Chloride 4 1/2 % 50 cc mix
1:45			1288	Start down hole 45 sacks
2:00				50' sealer pump poly pipe out
				wash up read down
				move back to start - tapping off test wells
4:20			0	Rin back up run in poly pipe Tag @ 145' down
			288k	Seal mix 60-40-4% 1 1/2 % salt slurry
			938k	Block cement
				Good cement to surface 45 sacks away
				pull poly pipe out wash up
				read down
				hole location plugged out 4:30 pm