



For KCC Use:
 Effective Date: _____
 District # _____
 SGA? Yes No

KANSAS CORPORATION COMMISSION 1105537
 OIL & GAS CONSERVATION DIVISION

Form C-1
 March 2010

Form must be Typed
 Form must be Signed
 All blanks must be Filled

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Expected Spud Date: _____
month day year

OPERATOR: License# _____
 Name: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____ + _____
 Contact Person: _____
 Phone: _____

CONTRACTOR: License# _____
 Name: _____

| | | |
|--|-----------------------------------|-------------------------------------|
| Well Drilled For: | Well Class: | Type Equipment: |
| <input type="checkbox"/> Oil | <input type="checkbox"/> Enh Rec | <input type="checkbox"/> Infield |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Storage | <input type="checkbox"/> Pool Ext. |
| | <input type="checkbox"/> Disposal | <input type="checkbox"/> Wildcat |
| <input type="checkbox"/> Seismic ; _____ # of Holes | <input type="checkbox"/> Other | <input type="checkbox"/> Mud Rotary |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Air Rotary |
| | | <input type="checkbox"/> Cable |
| <input type="checkbox"/> If OWWO: old well information as follows: | | |

Operator: _____
 Well Name: _____
 Original Completion Date: _____ Original Total Depth: _____

Directional, Deviated or Horizontal wellbore? Yes No
 If Yes, true vertical depth: _____
 Bottom Hole Location: _____
 KCC DKT #: _____

Spot Description: _____
 _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
(Q/Q/Q/Q)
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 Is SECTION: Regular Irregular?

(Note: Locate well on the Section Plat on reverse side)

County: _____
 Lease Name: _____ Well #: _____
 Field Name: _____
 Is this a Prorated / Spaced Field? Yes No
 Target Formation(s): _____
 Nearest Lease or unit boundary line (in footage): _____
 Ground Surface Elevation: _____ feet MSL
 Water well within one-quarter mile: Yes No
 Public water supply well within one mile: Yes No
 Depth to bottom of fresh water: _____
 Depth to bottom of usable water: _____
 Surface Pipe by Alternate: I II
 Length of Surface Pipe Planned to be set: _____
 Length of Conductor Pipe (if any): _____
 Projected Total Depth: _____
 Formation at Total Depth: _____
 Water Source for Drilling Operations:
 Well Farm Pond Other: _____
 DWR Permit #: _____
(Note: Apply for Permit with DWR)
 Will Cores be taken? Yes No
 If Yes, proposed zone: _____

AFFIDAVIT

The undersigned hereby affirms that the drilling, completion and eventual plugging of this well will comply with K.S.A. 55 et. seq.

It is agreed that the following minimum requirements will be met:

1. Notify the appropriate district office **prior** to spudding of well;
2. A copy of the approved notice of intent to drill **shall be** posted on each drilling rig;
3. The minimum amount of surface pipe as specified below **shall be set** by circulating cement to the top; in all cases surface pipe **shall be set** through all unconsolidated materials plus a minimum of 20 feet into the underlying formation.
4. If the well is dry hole, an agreement between the operator and the district office on plug length and placement is necessary **prior to plugging**;
5. The appropriate district office will be notified before well is either plugged or production casing is cemented in;
6. If an ALTERNATE II COMPLETION, production pipe shall be cemented from below any usable water to surface within **120 DAYS** of spud date. Or pursuant to Appendix "B" - Eastern Kansas surface casing order #133,891-C, which applies to the KCC District 3 area, alternate II cementing must be completed within 30 days of the spud date or the well shall be plugged. **In all cases, NOTIFY district office** prior to any cementing.

Submitted Electronically

For KCC Use ONLY

API # 15 - _____

Conductor pipe required _____ feet

Minimum surface pipe required _____ feet per ALT. I II

Approved by: _____

This authorization expires: _____
(This authorization void if drilling not started within 12 months of approval date.)

Spud date: _____ Agent: _____

Remember to:

- File Certification of Compliance with the Kansas Surface Owner Notification Act (KSONA-1) with Intent to Drill;
- File Drill Pit Application (form CDP-1) with Intent to Drill;
- File Completion Form ACO-1 within 120 days of spud date;
- File acreage attribution plat according to field proration orders;
- Notify appropriate district office 48 hours prior to workover or re-entry;
- Submit plugging report (CP-4) after plugging is completed (within 60 days);
- Obtain written approval before disposing or injecting salt water.
- If well will not be drilled or permit has expired (See: authorized expiration date) please check the box below and return to the address below.

Well will not be drilled or Permit Expired Date: _____
 Signature of Operator or Agent: _____

E
W

For KCC Use ONLY

API # 15 - _____

IN ALL CASES PLOT THE INTENDED WELL ON THE PLAT BELOW

In all cases, please fully complete this side of the form. Include items 1 through 5 at the bottom of this page.

Operator: _____

Lease: _____

Well Number: _____

Field: _____

Number of Acres attributable to well: _____

QTR/QTR/QTR/QTR of acreage: _____ - _____ - _____ - _____

Location of Well: County: _____

_____ feet from N / S Line of Section

_____ feet from E / W Line of Section

Sec. _____ Twp. _____ S. R. _____ E W

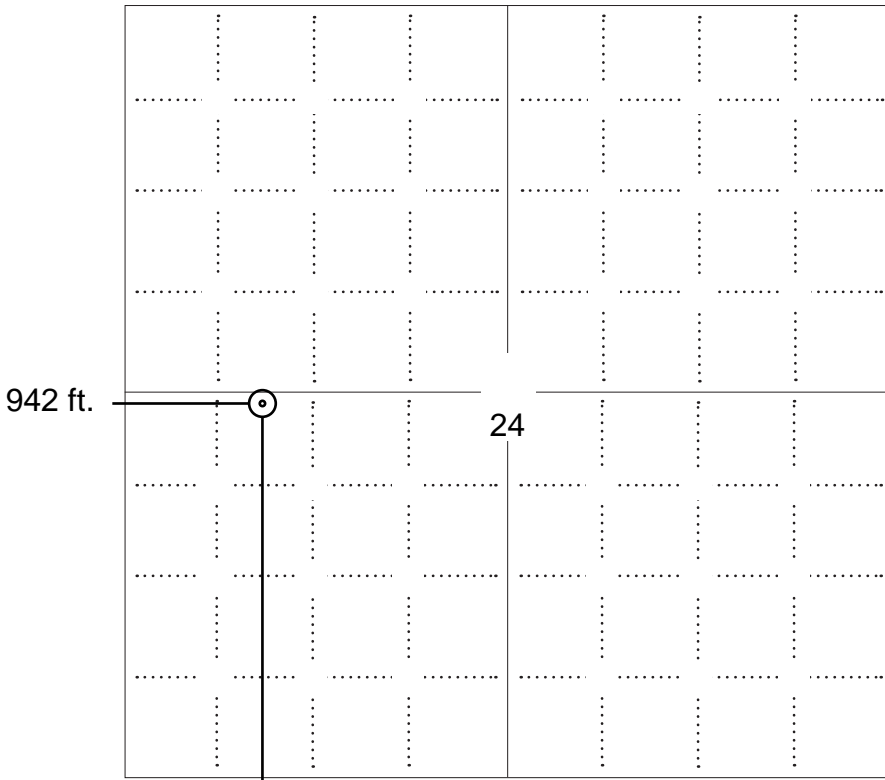
Is Section: Regular or Irregular

If Section is Irregular, locate well from nearest corner boundary.

Section corner used: NE NW SE SW

PLAT

Show location of the well. Show footage to the nearest lease or unit boundary line. Show the predicted locations of lease roads, tank batteries, pipelines and electrical lines, as required by the Kansas Surface Owner Notice Act (House Bill 2032). You may attach a separate plat if desired.



NOTE: In all cases locate the spot of the proposed drilling locaton.

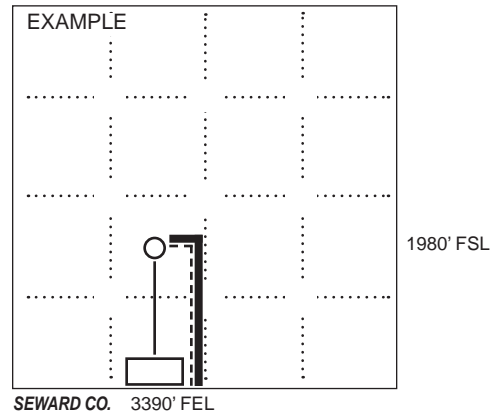
2557 ft.

In plotting the proposed location of the well, you must show:

1. The manner in which you are using the depicted plat by identifying section lines, i.e. 1 section, 1 section with 8 surrounding sections, 4 sections, etc.
2. The distance of the proposed drilling location from the south / north and east / west outside section lines.
3. The distance to the nearest lease or unit boundary line (in footage).
4. If proposed location is located within a prorated or spaced field a certificate of acreage attribution plat must be attached: (C0-7 for oil wells; CG-8 for gas wells).
5. The predicted locations of lease roads, tank batteries, pipelines, and electrical lines.

LEGEND

- Well Location
- Tank Battery Location
- Pipeline Location
- - - - - Electric Line Location
- Lease Road Location



APPLICATION FOR SURFACE PIT

Submit in Duplicate

| | | | |
|---|--|--|--|
| Operator Name: | | License Number: | |
| Operator Address: | | | |
| Contact Person: | | Phone Number: | |
| Lease Name & Well No.: | | Pit Location (QQQQ): ____ - ____ - ____ - ____ | |
| Type of Pit: <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Drilling Pit <input type="checkbox"/> Workover Pit <input type="checkbox"/> Haul-Off Pit <i>(If WP Supply API No. or Year Drilled)</i> | | Pit is: <input type="checkbox"/> Proposed <input type="checkbox"/> Existing If Existing, date constructed: _____ Pit capacity: _____ (bbls) | |
| Is the pit located in a Sensitive Ground Water Area? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Chloride concentration: _____ mg/l <i>(For Emergency Pits and Settling Pits only)</i> | |
| Is the bottom below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Artificial Liner? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| How is the pit lined if a plastic liner is not used? | | | |
| Pit dimensions (all but working pits): _____ Length (feet) _____ Width (feet) <input type="checkbox"/> N/A: Steel Pits Depth from ground level to deepest point: _____ (feet) <input type="checkbox"/> No Pit | | | |
| If the pit is lined give a brief description of the liner material, thickness and installation procedure. | | Describe procedures for periodic maintenance and determining liner integrity, including any special monitoring. | |
| Distance to nearest water well within one-mile of pit: _____ feet Depth of water well _____ feet | | Depth to shallowest fresh water _____ feet. Source of information: <input type="checkbox"/> measured <input type="checkbox"/> well owner <input type="checkbox"/> electric log <input type="checkbox"/> KDWR | |
| Emergency, Settling and Burn Pits ONLY: Producing Formation: _____ Number of producing wells on lease: _____ Barrels of fluid produced daily: _____ Does the slope from the tank battery allow all spilled fluids to flow into the pit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Drilling, Workover and Haul-Off Pits ONLY: Type of material utilized in drilling/workover: _____ Number of working pits to be utilized: _____ Abandonment procedure: _____ _____ Drill pits must be closed within 365 days of spud date. | |
| Submitted Electronically | | | |

| | | | |
|----------------------------|--|---|--|
| KCC OFFICE USE ONLY | | | |
| Date Received: _____ | | Permit Number: _____ | |
| Permit Date: _____ | | Lease Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Liner <input type="checkbox"/> Steel Pit <input type="checkbox"/> RFAC <input type="checkbox"/> RFAS | |



Form Must Be Typed
Form must be Signed
All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

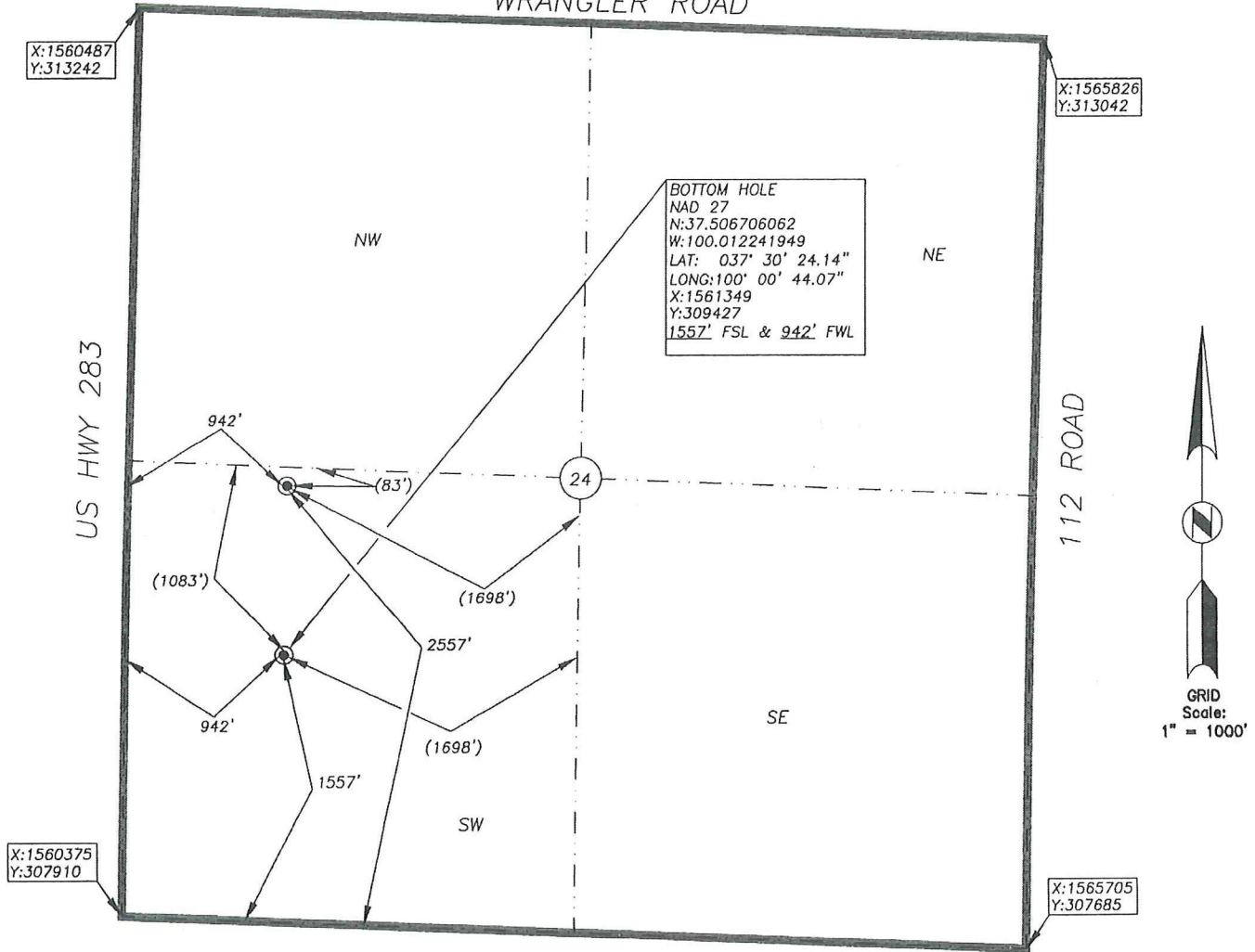
If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

BHC RHODES

CIVIL ENGINEERS • SURVEYORS
 901 N. 8th Street, Suite 100 Kansas City, KS 66101 * p. (913) 371-5300 * f. (913) 371-2677
 BHC RHODES is a trademark of Brungardt Hanomichl & Company, P.A.

Ford County, Kansas 2557' FSL & 942' FWL Section 24 Township 29S Range 25W 6th P.M.
 WRANGLER ROAD



BOTTOM HOLE INFORMATION PROVIDED BY OPERATOR LISTED, NOT SURVEYED. SECTION CORNER COORDINATES ARE BASED ON OBSERVED POSSESSION EVIDENCE.

DISTANCES SHOWN IN (PARENTHESIS) ARE CALCULATED BASED UPON THE QUARTER, SECTION BEING 2640 FEET AND HAVE NOT BEEN MEASURED ON THE GROUND.

ELEVATION:
 2615

Operator: SandRidge Exploration and Production, LLC.
 Lease Name: Rooney 2925 Well No: 3-24H
 Topography & Vegetation: Agricultural dry land farm ground
 Reference Stakes or Alternate Location

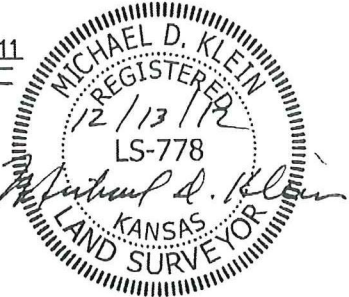
Good Drill Site? Yes Stakes Set: _____
 Best Accessibility to Location: From South and West by road
 Distance & Direction from Hwy Jct or Town: From the City of From the City of Minneloa, KS. North on U.S. Hwy. 283 for ±4.5mi., turn Right (East) at field entrance for ±0.2 mi. to site.

BHC Rhodes Job No.: 016330.00.69
 Field: MDK Office: DLU

DATUM: NAD 27
 LAT: 37.509452649
 LONG: 100.012225656
 LAT: 037° 30' 34.03"
 LONG: 100° 00' 44.01"
 STATE PLANE
 COORDINATES: (U.S. FEET)
 ZONE: 1502 KS
 X: 1561370.2670
 Y: 310427.2930

Date of Drawing: 2012-12-13 Date Staked: 2012-12-11

CERTIFICATE:
 I, Michael D. Klein a Kansas License Land surveyor and a authorized agent of BHC Rhodes, do hereby certify that the above described well location was surveyed and staked on the ground as shown herein.
 Kansas Lic. No. 778



Unit Outline

14

13

18

23

24

19

26

25

30

1 inch = 2000 feet



Rooney 2925 3-24H RE
Ford County, Kansas
Unit Outline

Date: 21 December, 2012



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 TICKET # 22749
 ADDRESS: 2 pages
 CITY, STATE, ZIP CODE: Minneapolis, MN 55412

SERVICE LOCATION: NESS CITY, KS COUNTY/PARISH: FORD DATE: 5/25/12
 WELL PROJECT NO.: #1 CONTRACTOR: HAH FARMS ORDER NO.: 5/25/12
 TICKET TYPE: SERVICE SALES WELL TYPE: OIL WELL CATEGORY: ABANDON WELL PERMIT NO.: PTA
 RIG NAME/NO.: ALLIANCE WELL SERV JOB PURPOSE: PTA 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 | | | 6.03 | 480.00 |
| 576P | | | | | Pump charge | | | | | 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 AM P.M.
 DATE SIGNED: 5/25/12

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

OUR EQUIPMENT PERFORMED WITHOUT BREACH/DAMAGE
 WE UNDERSTOOD AND MET YOUR NEEDS
 OUR SERVICE WAS PERFORMED WITHOUT DELAY
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 3477
 FORD TAX 7.95% 276.4
 TOTAL: 3753.4

SWIFT OPERATOR: [Signature] APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: [Signature] APPROVAL

The customer hereby acknowledges receipt of the materials and services listed on this label.

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 |
|-----------|------|------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | 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 |



LEASE INFORMATION

Rooney 2925 3-24H
Sec24-T29S-R25W
Ford County, KS

Unit description: W/2 of 13-29S-25W less and except 10 acre tract and W/2 of 24-29S-25W.

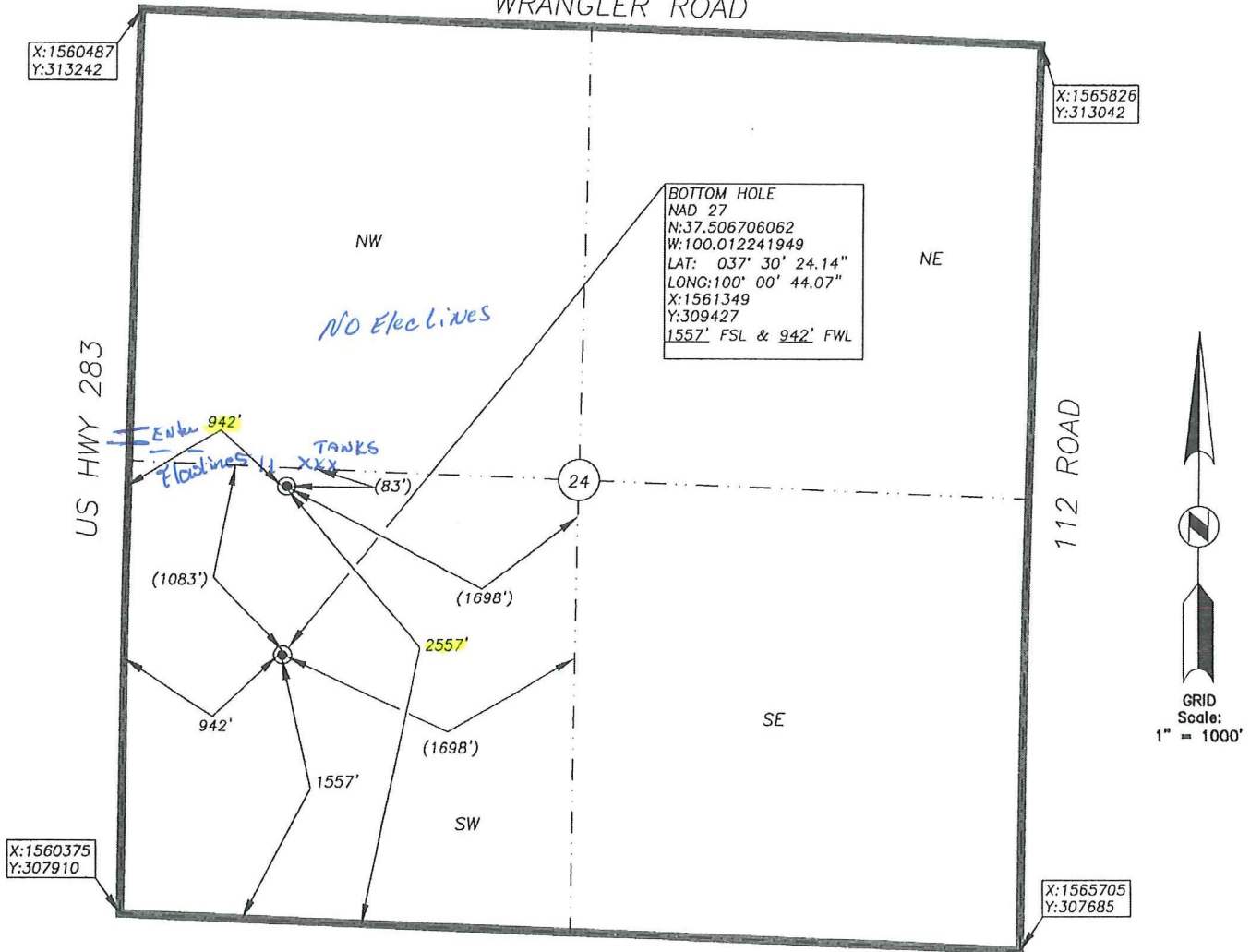
Surface Owner:
Harshberger Land, LLC
Gary Harshberger, Manager
10905 Wildfire Rd
Minneola, KS 67865

BHC RHODES

CIVIL ENGINEERS • SURVEYORS
 901 N. 8th Street, Suite 100 Kansas City, KS 66101 * p. (913) 371-5300 * f. (913) 371-2677
 BHC RHODES is a trademark of Brungardt Hanomichl & Company, P.A.

Ford County, Kansas 2557' FSL & 942' FWL Section 24 Township 29S Range 25W 6th P.M.

WRANGLER ROAD



BOTTOM HOLE INFORMATION PROVIDED BY OPERATOR LISTED, NOT SURVEYED. SECTION CORNER COORDINATES ARE BASED ON OBSERVED POSSESSION EVIDENCE.

DISTANCES SHOWN IN (PARENTHESIS) ARE CALCULATED BASED UPON THE QUARTER. SECTION BEING 2640 FEET AND HAVE NOT BEEN MEASURED ON THE GROUND.

ELEVATION:
 2615

Operator: SandRidge Exploration and Production, LLC.
 Lease Name: Rooney 2925 Well No: 3-24H
 Topography & Vegetation: Agricultural dry land farm ground
 Reference Stakes or Alternate Location

Good Drill Site? Yes Stakes Set: _____
 Best Accessibility to Location: From South and West by road
 Distance & Direction from Hwy Jct or Town: From the City of From the City of Minneloa, KS. North on U.S. Hwy. 283 for ±4.5mi., turn Right (East) at field entrance for ±0.2 mi. to site.

BHC Rhodes Job No.: 016330.00.69
 Field: MDK Office: DLU
 DATUM: NAD 27
 LAT: 37.509452649
 LONG: 100.012225656
 LAT: 037° 30' 34.03"
 LONG: 100° 00' 44.01"
 STATE PLANE
 COORDINATES: (U.S. FEET)
 ZONE: 1502 KS
 X: 1561370.2670
 Y: 310427.2930

Date of Drawing: 2012-12-13 Date Staked: 2012-12-11

CERTIFICATE:

I, Michael D. Klein, a Kansas License Land surveyor and a authorized agent of BHC Rhodes, do hereby certify that the above described well location was surveyed and staked on the ground as shown herein.

Kansas Lic. No. 778



Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

January 04, 2013

Wanda Ledbetter
SandRidge Exploration and Production LLC
123 ROBERT S. KERR AVE
OKLAHOMA CITY, OK 73102-6406

Re: Drilling Pit Application
Rooney 2925 3-24H
SW/4 Sec.24-29S-25W
Ford County, Kansas

Dear Wanda Ledbetter:

According to the drilling pit application referenced above, no earthen pits will be used at this location. Steel pits will be used. Please inform the Commission in writing as to which disposal well you utilized to dispose of the contents in the steel pits and the amount of fluid that was disposed. Please file form CDP-5 (August 2008), Exploration and Production Waste Transfer, within 30 days of fluid removal.

Should a haul-off pit be necessary please file form CDP-1 (April 2004), Application for Surface Pit, through KOLAR. This location will have to be inspected prior to approval of the haul-off pit application.

A copy of this letter should be posted in the doghouse along with the approved Intent to Drill. If you have any questions or concerns please feel free to contact the District Office at (620) 225-8888.

HAUL-OFF PIT APPLICATION FILING REQUIREMENTS

82-3-607.

DISPOSAL OF DIKE AND PIT CONTENTS.

(a)

Each operator shall perform one of the following when disposing of dike or

pit

contents:

- (1) Remove the liquid contents to a disposal well or other oil and gas operation approved by the commission or to road maintenance or construction locations approved by the department;
- (2) dispose of reserve pit waste down the annular space of a well completed according to the alternate I requirements of K.A.R. 82-3-106, if the waste to be disposed of was generated during the drilling and completion of the well;

or

- (3) dispose of the remaining solid contents in any manner required by the commission. The requirements may include any of the following:
 - (A) Burial in place, in accordance with the grading and restoration requirements in K.A.R. 82-3-602 (f);
 - (B) removal and placement of the contents in an on-site disposal area approved by the commission;
 - (C) removal and placement of the contents in an off-site disposal area

on

acreage owned by the same landowner or to another producing

lease

or unit operated by the same operator, if prior written permission

from

the landowner has been obtained; or

approved (D) removal of the contents to a permitted off-site disposal area
by the department.

(b) Each violation of this regulation shall be punishable by the following:

- (1) A \$1,000 penalty for the first violation;
- (2) a \$2,500 penalty for the second violation; and
- (3) a \$5,000 penalty and an operator license review for the third violation.

File Haul-Off Pit Application in KOLAR. Review the information below and attach all required documents to the pit application when submitting through KOLAR. This form will automatically generate and fill in from questions asked in KOLAR.

Haul-off pit will be located in an on-site disposal area: ___Yes ___No

Haul-off pit is located in an off-site disposal area on acreage owned by the same landowner: ___Yes ___No If yes, written permission from the land owner must be obtained. Attach written permission to haul-off pit application.

Haul-off pit is located in an off-site disposal area on another **producing** lease or unit operated by the same operator: ___Yes ___No If yes, written permission from the land owner must be obtained. Attach permission and a copy of the lease assignment that covers the acreage where the haul-off pit is to be located, to the haul-off pit application.