

KANSAS CORPORATION COMMISSION
OIL & GAS DIVISION
RECOMPLETION AS SWD

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

2/12/09

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5399
Name: American Energies Corporation
Address: 155 North Market, Suite 710
City/State/Zip: Wichita, KS 67202
Purchaser: nONE
Operator Contact Person: Alan L. DeGood
Phone: (316) (316) 263-5785
Contractor: Name: American Energies Corporation
License: 5399
Wellsite Geologist: None
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

API NO. 15 - 113-20798-0002
County: McPherson
NW - SW - NE Sec. 7 Twp. 20 S. R. 1 East West
3656 3620 FSL feet from S N (circle one) Line of Section
2307 2310 FEL feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Vernon Becker Well #: 1-7 SWD

Field Name: Ritz-Canton
Producing Formation: Simpson/Viola - Zone of Injection
Elevation: Ground: 1565 Kelly Bushing: _____
Total Depth: 3459 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 8 5/8" @ 194' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet

If Workover/Re-entry: Old Well Info as follows:
Operator: American Energies Corporation

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Well Name: Vernon Becker #1-7

Original Comp. Date: 10/20/80 Original Total Depth: 3459'

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____
Dewatering method used _____ Evaporation _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec _____ Twp _____ S. R. East West
County: _____ Docket No.: _____

Deepening Re-perf. Conv. To Enhr/SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. E-30357

11/19/2008 11/21/08 11/21/08
Spud Date or Date Reached TD Completion Date or Recompletion Date

OWNED - AIT I NCR
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FEB 12 2009
CONSERVATION DIVISION
WICHITA, KS

INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: *Alan L. DeGood*
Title: Alan L. DeGood, President Date: 2/5/09

Subscribed and sworn to before me this 5th day of February, 2009

Notary Public: *Melinda S. Wooten*
Date Commission Expires: Melinda S. Wooten, Notary Exp. 3/12/12

KCC Office Use ONLY *Permitted by JK 1/30/09*
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologists Report Received
 UIC Distribution

MELINDA S. WOOTEN
Notary Public - State of Kansas
My Appt. Expires 3-12-12

Operator Name: American Energies Corporation Lease Name: Vernon Becker Well: 1-7 SWD
 Sec. 7 Twp. 20 S. R. 1W West County: McPherson

INSTRUCTIONS: Show important tops and bas of formations penetrated. Detail all cores. Report all final copies of drill stem tests giving interval test, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final charts(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run Yes No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: <u>Cement Bond Log</u>	<input type="checkbox"/> Log Formation (Top), Depth and Datum Name Top <input type="checkbox"/> Sample Datum None
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	23#	194'	60/40 poz	125 SX	2% gel, 3% CC
Production		5 1/2"	14.5#	2456'		135 SX	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	2940-2948		50 sx	
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug off Zone				

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WICHITA, KS

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	Permitted injection interval - 3414-3454'	Cement - Squeezed 5 1/2" - 50 sx	2940-2948
	Viola - 3414-3416		
	Simpson 3449-3456	Acidized Viola with 1680 gal. 28% HCL	3414-3416
		Acidized Simpson with 840 gal. 28% HCL	3449-3456

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Fiberglass -	2 7/8"	3384.27'	None	
Date of First, Resumed Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbbls	Gas Mcf	Water Bbbls	Gas-Oil Ratio Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input checked="" type="checkbox"/> Vented	<input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled
(If vented, Sumit ACO-18.)		<input checked="" type="checkbox"/> Other - Specify - Completed as enhanced recovery

United Cementing & Acid Co. Inc

2510 W. 6th Street
 El Dorado, KS 67042
 316-321-4680

Invoice

Date	Invoice #
9/8/2008	8719

Bill To
American Energies Corp. 155 N. Market St., Ste. 710 Wichita, KS 67202

Kind of Job	Lease & Well #	Terms	Service Ticket #
Squeeze	Vernon Becker #1-7 SWD	Net 30	8310

Description	Amount
Pump Truck Charge (2954')	1,000.00T
Class A Cement (50 sks)	625.00T
Calcium Chloride (1 sk)	50.00T
Pump Truck Mileage (72 miles)	288.00T
Pick-Up Mileage (72 miles)	162.00T

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Thank you for your business.

Subtotal	\$2,125.00
Sales Tax (6.3%)	\$133.88
Payments/Credits	\$-2,258.88
Balance Due	\$0.00

SERVICE TICKET

8010

1-800-794-0187
Fax 1-316-321-4720
2510 W. 6TH ST.
EL DORADO, KANSAS 67042

DATE 9-20-07

COUNTY Marion CITY London

CHARGE TO American Energy

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL Vernon Decker #1-7 SWD CONTRACTOR

KIND OF JOB Drill SEC _____ TWP _____ RING _____

DIR. TO LOC. _____ OLD _____ NEW _____

Quantity	MATERIAL USED	Service Charge
50 SRS	Class A	
1 SR	C.C.	
72		
72		
	PLUGS	

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FEB 12 2009
OPERATION DIVISION
TOPEKA, KS

T.D. _____

SIZE _____

MAX. PRESS. _____

PLUG DEPTH _____

PLUG USED _____

REMARKS _____

EQUIPMENT USED

NAME _____ UNIT NO. _____ NAME _____ UNIT NO. _____

Phillip Kester, Jack

CEMENTER OR TREATER

OWNER'S REP.