KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

SEP 2 2 2009

RECEIVED

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

Well Plugging Record K.A.R. 82-3-117

KCC WICHITA FORM CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled

Lease Operator: American Energies Corporation				API#			15-017-20844 — 🛇 🗢 🗢			
Address:	155 North Market, Suite 710, Wichita, KS 67202			67202		Lease Nam	ne:	Giger D		
Phone:	(316) 263 - 5785 Operator License #:5			#:5399	-	Well Numb	er:	#1		
Type of Well: Gas (Oil, Gas, D & A, SWD, ENHR, Water supply W			_Docket #: Vell, Cathodic, Other)			Spot Loc. (QQQQ):	NW NW NW		
The plugging propos	al was approve	ed on:	8/27/2009	(Date)	در	336 FSL 26 FEL	_	lorth/South Sec lorth/South Sec		
by: Greg E	ves, District #2		(KCC District Age	ent's Name)	52	Sec.		Section 20-T1	19S-R7E	_East/West
Is ACO-1 filed?	X YES	No	ACO-1 Attached, as logs and DST			County:		Chase		· · · · · · · · · · · · · · · · · · ·
If not, is well log atta- Producing Formation		X needed atta	Yes		No	Date Well (Completed:	8/6/200	3	
Depth to	Тор:	Bottom:	T.D.			Plugging Commence		8/27/2009		
Depth to		Bottom:		T.D.		Plugging C	ompleted:	8/27/200	9	
Show depth and thick	kness of all wa	ter, oil and (gas formation:							
OIL, G	AS OR WATE	R RECORD	os	- 0	CASI	NG RECOR	D (Surface (Conductor & P	roduction	
FORMATION		CONTENT		FROM		то	SIZE	PUT IN		PULL OUT
Surface		Water san	ds	82'		0'	7"	82'		None
Production		Water san		0'		1753'	4 1/2"	1753'		None
		Trater dans		0		1733	17 1/2	11733		None
methods used in intreferom (bottom), to (top) for each plug	set.	1 4 1/2" full of cem					15.66	PF.	3
						\				
		Amer	can the	Bicz		OKT.				
Name of Plugging Co	ontractor:		Copeland Acid an	d Coment				License #:	_5	399
Address	P.O. Box 438		City:	Haysville	tate:	Kansas	_ Zip	67060		
NAME OF PARTY R	ESPONSIBLE	FOR PLU	GGING FEES:			American E	energies Corp	poration		(Operator)
STATE OF	KANSAS	COUNTY	OF:	Sedgwick	,SS.					
Alan L. DeGood. Pre	sident			(Employee o	of On	erator or (O	nerator) of al	ove described	well heina	firet
duly sworn on oath, s well is as filed, and th	ays: That I ha	ve knowledge ie and corre	ge of the facts, star ect, so help me Go	tements, and	mat	ters herein o	contained and	the log of the a	above-desc	cribed
	(Signature)		Man	(Alan L. Deg	100d,	President, A	American En	ergies Corporat	ion)	10.1-2
	(Address)			155 North M	larke	t. Suite 710,	Wichita, KS			
	SUBSCRIBE	O AND SW	ORN TO me this		17th	day of	September			2009
My Appt. Expires	ELINDA 8. WO ny Public • State 3-12-13	of Kenees	New D)\(Line of the control of the	<u>. در</u>	-lo	My Commis	sion Expires:	3/12/12	

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POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

Invoice

Acid & Cement

BURRTON, KS (620) 463-5161 FAX (620) 463-2104

▲ GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C33816-IN

BILL TO:

AMERICAN ENERGIES CORP. 155 N MARKET #710 WICHITA, KS 67202

GIGER D #1 LEASE:

RECEIVED

SEP 2 2 2009

VCC MICHITA

DATE	ORDER	SALESMAN	SALESMAN ORDER DATE PURCHASE ORDER		RDER	ER SPECIAL INSTRUCTIONS			
08/31/2009	C33816		08/27/2009			NET 30			
QUANTITY	U/M	ITEM NO:/DESCRIPTION.			D/C	PRICE	EXTENSION		
1.00	EA	CEMENT PUMP	CHARGE		0.00	600.00	600.00		
1.00	EA	POLY PIPE REM	NTAL .		0.00	200.00	200.00		
35.00	SAX	60-40 POZ MIX	60-40 POZ MIX			9.69	339.18		
12.14	MI	1/7TH TOTAL M	IILEAGE '-,		0.00	3.00	36.42		
28.34	МІ	1/6TH TOTAL P	ICKUP MILEAGE		0.00	1.00	28.34		
35.00	EA	BULK CHARGE	BULK CHARGE			1.25	43.7		
35.00	мі	BULK TRUCK -	TON MILES	·	0.00	4.11	143.8		
			f.						
				·			·		
REMIT TO:		COP-B			Net Invoice: 1				
P.O. BO HAYSVi	X 438 LLE, KS 67060	FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.			CHSCO Sales Tax:				
RECEIVED BY		NET 30 DAYS							

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.



Remarks

№ C 33816 ORDER

cid & Cement 🖺 BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225 IS AUTHORIZED BY: State Address To Treat Well **Customer Order No.** As Follows: Lease Sec. Twp. County Range 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 Agent Well Owner or Operator UNIT DESCRIPTION **AMOUNT** QUANTITY CODE COST ģ. ... RECEIVED SEP 2 2 2009 Bulk Charge 191 **Bulk Truck Miles** Gallons Process License Fee on **TOTAL BILLING** 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 Station Well Owner, Operator or Agent

T.D.....ft. P.B. to..



Acid Stare No.



then Hole Size

TREATMENT REPORT

	Type Treatment:	Amt.	Type Fluid	Sand Bize	Pounds of Band
	Bkdown	Bbjl. /Gal.			***************************************
Company American Energies	***********	Bbi. /Gal.	************************************		***************************************
Weil Nume & No. C. G. C. D#1	***********	Bbl. /Gal.	*************************************		***************************************
Location Pield		Bbl. /Gel.	***************************************		***************************************
County State	Flush	Bbl. /Ual.	4		***************************************
County	Treated from	••••••	ft. to	ft. No.	r
Cusing: Size	(rom	***************************************	ft. to	ft. No.	ft
Pormation: Perf	from		ft. to	ft. No.	ft
Pormation:toto	Actual Volume of	/ Oil /Water to I	ond Hule;		Bbl. /Q±1.
Formation: Perf					
Liner: Sizeft. Bottom atft.	Pump Trucks. N	o. Used: Btd	Bp	Tv	vin
Cemented: Yes/No. Perforated fromft. toft.	Auxiliary Equipa	nent			***************************************
Tubing: Size & Wt	Packer:	••••••	•••••••	. Bet ut	ft.
Perforated from	Auxiliary Tools		256 10	110 1101	_ D
	Plugging or Seali	ing Muterials: T	, 355ax 60:	40 400	J YUL

ompany Representative		Total Pipid	R E M A R K 8						
TIME			Total Fluid Pumped	RERARRS					
				Rialia					
-:									
				Run Polintine to 450'					
-:									
				Circulate to 412 full Cement					
				353W 60-40 490 PDZ					
:				Tear Down					
:									
:									
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