

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

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**

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
Address: 155 North Market, Suite 710, Wichita, KS 67202
Phone: (316) 263-5785 Operator License #: 5399
Type of Well: Oil COAS KCC PER CP2/B Docket #: _____
(Oil, Gas, D & A, SWD, ENHR, Water supply Well, Cathodic, Other)
The plugging proposal was approved on: 11/16/2009 (Date)
by: Greg Eves (KCC District Agent's Name)
Is ACO-1 filed? YES No ACO-1 Attached, as well
as logs and DST results
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 # 15-113-20585 00-00
Lease Name: Becker
Well Number: #1
Spot Loc. (QQQQ): SW NE NE
4290 Feet from North South Section Line
990 Feet from North South Section Line
east
Sec. 26-T21S-R2W East/West
County: McPherson
Date Well Completed: 11/10/1978
Plugging Commenced: 11/17/2009
Plugging Completed: 11/24/2009

Show depth and thickness of all water, oil and gas formation:

OIL, GAS OR WATER RECORDS		CASING RECORD (Surface Conductor & Production)				
FORMATION	CONTENT	FROM	TO	SIZE	PUT IN	PULL OUT
Surface	Water sands	267'	0'	8 5/8"	126'	None
Production	Water sands	0'	3365'	5 1/2"	3365'	535'

Describe in detail the manner in which the well was 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 and depth placed, from (bottom), to (top) for each plug set.

Cementing Information:

60/40 poz mix

5 sx @ 2897'

160 sx @ 456'

130 sx @ 226'

Cement did circulate - Cementing by Copeland - Ticket #34409

Name of Plugging Contractor: American Energies Corporation License #: 5399

Address 155 North Market, #710 City: Wichita State: Kansas Zip 67202

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Energies Corporation (Operator)

STATE OF KANSAS COUNTY OF: Sedgwick, ss.

Alan L. DeGood, President (Employee of Operator or (Operator) of above described well, 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.

(Signature)

Alan L. DeGood
(Alan L. DeGood, President, American Energies Corporation)

(Address)

155 North Market, Suite 710, Wichita, KS

SUBSCRIBED AND SWORN TO me this 8th day of December 2009

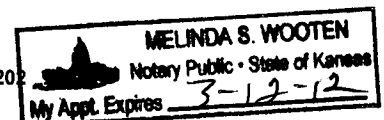
Melinda S. Wooten
Melinda S. Wooten, Notary Public

My Commission Expires: 3/12/12

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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202





FIELD ORDER N° C 54409

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

DATE Nov 23 + 24 2009

IS AUTHORIZED BY: American Energies Corp (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____ Well No. 1 Customer Order No. _____
As Follows: Lease Baker

Sec. Twp. _____ County McPherson State K
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 _____ By _____ Agent

Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
1103	1	11/23/09 Pump Charge For Job		600 ⁰⁰
	110 sack	60-40-4oz Poz @ 96¢ / sack		1550 ⁴⁰
4101	25.2	heavy pump Tank mixing @ 3¢ / mile		750 ⁰⁰
4101	1	11/24/09 Pump Charge For Job		600 ⁰⁰
	130 sack	60-40-4oz Poz @ 96¢ / sack		1259 ²⁰
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4201	350 sack	Bulk Charge @ 1.27 / sack		487 ⁵⁰
4201	219 miles	Bulk Truck Miles @ 1.60 / mile		350 ⁹⁰
Process License Fee on _____ Gallons				422 ⁵⁰
TOTAL BILLING				4718 ⁵⁰

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 Baker

Remarks Two days on 1 ticket

Well Owner, Operator or Agent

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. Plug Job

Date 11/23+24/09 District Quincy F. O. No. _____
 Company American Energy Corp
 Well Name & No. Becke #1
 Location _____ Field _____
 County McPherson State Ks
 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. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.H. 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. 323 Sp. _____ Twin _____
 Auxiliary Equipment Bulk truck 322
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 290 sacks 60-70-400 Poz (lbs. _____) (lb. _____)

Treater [Signature]

Company Representative

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				11/23/09
2:30				On location: Rig up
2:45			0	Tie on tub: 453' Start water to load hole
2:55			22 Bbl.	Hole loads 4 1/2 RPM start mixing going down hole
3:05			0	4 1/2 Sack / Bbl. 4 1/2 RPM Rate
3:18			37 Bbl.	160 sacks mixed no cement to surface Just heavy mud.
:				Wash up truck pull tubing wash up tubing & tools.
4:00				Tubing cut. Left pump truck & rig up Acute location.
:				
:				
8:45				11/24/09
9:05				Cement 290' Tie on tubing Work Bulk truck in then m
:				Start mix on location start mixing going down hole
:			33 Bbl.	130 sacks away cement to surface. Shut down
:				Help Rig pull tubing wash up truck wash up
:				Rig tools leave down
10:35				Pull truck's out Left location.

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