

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: American Energies Pipeline
Operator Contact Person: Alan L. DeGood
Phone: (316) (316) 263-5785
Contractor: Name: Pickrell Drilling Company
License: 5123
Wellsite Geologist: Doug Davis

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

_____ 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. _____

<u>03/16/10</u>	<u>03/27/10</u>	<u>3/28/10</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

API NO. 15 - 15-007-23520-6000

County: Barber

C SW - SW - Sec. 12- T 31S 113W East West

660 feet from S/N (circle one) Line of Section

660 feet from E/N (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Maddix Trust Well #: 1-12

Field Name: Nurse

Producing Formation: None

Elevation: Ground: 1611 Kelly Bushing: 1621

Total Depth: 4200 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 8 5/8" 23# set @ 222' KB Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan P+ A Alt I NR
(Data must be collected from the Reserve Pit) 4-16-10

Chloride content 34,000 ppm Fluid volume 1,800 bbls

Dewatering method used Natural backfill and evaporation.

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec _____ Twp _____ S. R. _____ East West

County: _____ Docket No.: _____

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: 4/14/10

Subscribed and sworn to before me this 14th day of April

2010

Notary Public: Melinda S. Wooten

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

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

KCC Office Use ONLY
N Letter of Confidentiality Attached
If Denied, Yes No Date: _____
 Wireline Log Received
 Geo Report
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION

APR 15 2010

CONSERVATION DIVISION
WICHITA, KS

Operator Name: American Energies Corporation Lease Name: Maddix Trust Well: #1-12
 Sec. 12 Twp. 31 S. R. 13 Vest County: Kingman

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: Dual Induction Log, Compensated Density/Neutron PE	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Datum Name Top See Attached Test Results
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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#	222'	60/40 poz	175	2% gel, 3% CC
Production	None						

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

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

TUBING RECORD			Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 Bbls	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity		

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

RECEIVED
KANSAS CORPORATION COMMISSION

APR 15 2010

CONSERVATION DIVISION
WICHITA, KS


D.D. Co., LLC
 Conservation Division
 Well, KS 67665

INVOICE

Invoice Number: 121973

Invoice Date: Mar 17, 2010

Page: 1

Phone: (785) 483-3887
 Fax: (785) 483-5566

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

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Am Eng	Maddix Trust #1-2	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Mar 17, 2010	4/16/10

Quantity	Item	Description	Unit Price	Amount
105.00	MAT	Class A Common	15.45	1,622.25
70.00	MAT	Pozmix	8.00	560.00
3.00	MAT	Gel	20.80	62.40
6.00	MAT	Chloride	58.20	349.20
175.00	SER	Handling	2.40	420.00
10.00	SER	Mileage 175 sx @ .10 per sk per mi	17.50	175.00
1.00	SER	Surface	1,018.00	1,018.00
10.00	SER	Pump Truck Mileage	7.00	70.00

RECEIVED
 KANSAS CORPORATION COMMISSION

Subtotal		4,276.85
Sales Tax	APR 15 2010	163.41
Total Invoice Amount		4,440.26
Payment/Credit Applied	CONSERVATION DIVISION WICHITA, KS	
TOTAL		4,440.26

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$

ONLY IF PAID ON OR BEFORE
Apr 11, 2010

3371.15

APR 25 2010

ALLIED CEMENTING CO., LLC.

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Medicine Lodge

DATE <u>3/17/10</u>	SEC. <u>12</u>	TWP. <u>31S</u>	RANGE <u>13W</u>	CALLED OUT <u>6:30 AM</u>	ON LOCATION <u>8:00 AM</u>	JOB START <u>9:00 AM</u>	JOB FINISH <u>10:00 AM</u>
MADE BY <u>Trust</u>	WELL # <u>12</u>		LOCATION <u>mine on corner, 2nd, Winton</u>			COUNTY <u>Barber</u>	STATE <u>KY</u>
LEASE				OLD OR <input checked="" type="radio"/> NEW (Circle one)			

CONTRACTOR Piggott 1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 228'

CASING SIZE 8 1/2 DEPTH 228'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 300 # MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT 13585 Gallons

OWNER American Energies

CEMENT AMOUNT ORDERED 175 sk. 10' 40' 3 9/16" + 29 gal.

EQUIPMENT

PUMP TRUCK CEMENTER Tom D.

302 HELPER Mark L.

BULK TRUCK # 353-250 DRIVER Ron G.

BULK TRUCK # _____ DRIVER _____

COMMON	<u>Class A</u>	<u>105 @ 15.45</u>	<u>1622.25</u>
POZMIX		<u>70 @ 8.00</u>	<u>560.00</u>
GEL		<u>3 @ 20.40</u>	<u>62.40</u>
CHLORIDE		<u>6 @ 58.20</u>	<u>349.20</u>
ASC		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
		@	
HANDLING		<u>175 @ 2.40</u>	<u>420.00</u>
MILEAGE		<u>175 / 10 / 1.10</u>	<u>175.00</u>
			TOTAL <u>3188.85</u>

REMARKS:

2' @ on bot tom, leak off.

mix 175 sk 10' 40' 3 9/16" + 29 gal.

Disp 13585.

Shut in

Rement off well.

SERVICE

DEPTH OF JOB	<u>228'</u>		
PUMP TRUCK CHARGE		<u>10/8.00</u>	
EXTRA FOOTAGE		@	
MILEAGE	<u>10</u>	@ <u>7.00</u>	<u>70.00</u>
MANIFOLD		@	
		@	
		@	

CHARGE TO: American Energies

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 1088.00

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME x Mike Kern

SIGNATURE x Mike Kern

PLUG & FLOAT EQUIPMENT RECEIVED
KANSAS CORPORATION COMMISSION

APR 15 2010

CONSERVATION DIVISION
WICHITA, KS

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS