## 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			API# <u>15-115-203</u>		15-115-20351	00	-
Address:	155 North Market, Suite 710, Wichita, KS 67202		67202	Lease Name:		Klassen		-
Phone:	(316 ) 263 - 5785 Operator License #:5399		Well Number:		1		· Æ	
Type of Well: (Oil, Gas, D & A, S	Oil and Gas WD, ENHR, Water supply	_Docket #: Well, Cathodic, Ot	her)	Spot Loc.	5	NW SW NE	SW	- 2
The plugging propo	osal was approved on:	12/22/2009	(Date)	· — · —	_	lorth/South Section Line lorth/South Section Line	>	
by: Steve	_	(KCC District Age		36991 Sec.		Section 27-T19S-R1E	East/West 4	300
Is ACO-1 filed?	X YES No	ACO-1 Attached,	as well	County:		Marion	_ /	300
		as logs and DST	results					•
If not, is well log att	ached? X on(s): List All (if needed at	_Yes tach another sheet		Date Well	Completed:	7/6/1977		,
Depth to			T.D.	Plugging (	Commenced:	2/4/2010		
Depth to			T.D.	Dhanina	Samuelaka di	2/5/2040		
Depth to	Top: Bottom:	•	T.D.	_Plugging (	Completed:	2/5/2010		
	ckness of all water, oil and		CAS	ING RECO	RD (Surface	Conductor & Production	<u>,, , , , , , , , , , , , , , , , , , ,</u>	ſ
FORMATION	CONTENT		FROM	то	SIZE	PUT IN	PULL OUT	
Surface	Water san		267'	0'	8 5/8" 23#	237'	None	
Production	Water san	ds	0'	3306'	4 1/2"	3306'	541.70'	
from (bottom), to (to 2/4/2010 Tagged Pulled	roducing it into the hole. I op) for each plug set. d sand @ 3242', ran in 4 s. 13 jts 4 1/2" casing (541.7 10 jts 2 3/8" tubing - 300',	x cement 0')				- <del>-</del>		
Name of Plugging C	Contractor:	American Energie	es Corporation			License #:	5399	
Address	155 North Market, #710			Kansas	Zip	67202		
NAME OF PARTY F	RESPONSIBLE FOR PLU	·			Energies Corp		(Operator)	1
STATE OF	KANSAS COUNTY	DF:	Sedgwick ,ss.				· · · · · · ·	RECEIVED
Alan L. DeGood, Pre	esident		(Employee of Or	nerator or (C	Inerator) of al	bove described well, being	n firet	MEDELVED
duly sworn on oath,	says: That I have knowled the same are true and corr	dge of the facts, st	atements, and m	natters herei	in contained a	and the log of the above-d	lescribed	FEB 1 2 2010
	(Signature)	<u> </u>	An L Degood	, President,	American En	ergies Corporation)	K	CC WICHITA
	(Address)		155 North Marke	et, Suite 710	, Wichita, KS			
	SUBSCRIBED AND SW	ORN TO me this	11th	day of	February		2010	
	Melinda S.	Wooten, Notary P	este		_My Commiss	sion Expires: <u>3/12/12</u>		



FIELD ORDER Nº C 34436

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

		_	316-524-1225	DATE	Feb 5	20_10
IS AUTHORIZ	ZED BY:	American	NAME OF CUSTOMER	<del>Jakh</del>		
Address			City		State	
To Treat Well As Follows: I	ease 🖳	43562	Weil No		_ Customer Order No.	
Sec. Twp. Range			County	ALIBA	State	\$9
not to be held if implied, and no treatment is pay our involcing de	able for any dan representations able. There will partment in acco	consideration hereof it is agreed that nage that may accrue in connection have been relied on, as to what may be no discount allowed subsequent ordance with latest published price s himself to be duly authorized to sign	with said service or treatr be the results or effect of to such date. 6% interest chedules.	ment. Copeland Aci of the servicing or tro t will be charged afte	id Service has made no re eating said well. The cor	epresentation, expressed or isideration of said service or
THIS ORDER MU BEFORE WORK	IST BE SIGNED IS COMMENCED	Wall Co.		Ву		
		Well Own	er or Operator			jent
CODE	QUANTITY		DESCRIPTION		UNIT COST	- AIVIOUIVI
	\	Puno Chya Goa	dor do			(00)
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	34840	Bulk Truck Miles	too mure			383 =
		Process License Fe	∍ on	Gailons		
				TOTAL E	BILLING	_
manner u Copeland	hat the above inder the dire Representativ	e material has been accepted action, supervision and control of the supervision and control o	and used; that the a l of the owner, opera	above service w ator or his agent	as performed in a g t, whose signature a	ood and workmanlike oppears below.
Station	123	マストングラ	<del></del>	Well	Owner, Operator or Agent	
Remarks		**************************************	NET 30 DAY	S		



## TREATMENT REPORT

			D-
Acid	Stage	No.	TXI.

Feb	2018	Box	Marie .	O, No	Type Treatment:		Type Fluid	Sand Size	Pounds of Band
Channany	BNB	ren E	alexives	Copp					
Well Name &	No 9 150	45-CT 12 )	0	0			***********************		
Location Field County Courty State						**************************			
					1		L. to		
Casing: Size	25%	Type & Wt		Set atft.	l e		L to		
Formation:			Perf	<b>to</b>	1		t. to		
Formation:			Perf	to			d Hole;		
Formation:			Perf	to					Bbl.yGal.
Liner: Size	Type & W	t	Top atft	Bottom atft.	Pump Trucks. No	. Used: Std.		Tw	in
Cen	nented: Yes/No.	Perforated fro	om	.tt. tott.	Auxillary Equipm	ent Dulky	revele 322		•••••••••••••••••••••••••••••••••••••••
Tubing; Size	e Wi	<u> </u>	Swung at	<b>6</b>	ł		•••••••••••••••••••••••••••••••		
Per	forated from			(t.	Auxiliary Tools		16550	(20-)	JA - 2137 -1
					Plugging or Bealit	ng Materials: Type	10550		10- 70 Ta
then Hole Siz	ie	T.D		J. 10		4	$\alpha$	(iale	th.
Company 1	Representativ	e			Treater	Tree.	Ka/		
	_	SURES	Total Fluid		:		Y		•
a.m p.m.	Tubing	Casing	Pumped			REMARI	6.8		
8:45				O2 1000	in UBit	2 00 Ca	The oil	Temen	3.0-
9:50			Ø	Risard uno	2000	toping	53801 60	sizer la	Sara Mal
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