



KANSAS CORPORATION COMMISSION 1053466
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5399
Name: American Energies Corporation
Address 1: 155 N MARKET STE 710
Address 2: _____
City: WICHITA State: KS Zip: 67202 + 1821
Contact Person: Alan L. DeGood, President
Phone: (316) 263-5785
CONTRACTOR: License # 5399
Name: American Energies Corporation
Wellsite Geologist: David Goldak
Purchaser: Plains Marketing

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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 Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>02/24/2011</u>	<u>03/04/2011</u>	<u>03/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-095-22220-00-00
Spot Description: 100' S of NW NW SW
 NW NW SW Sec. 27 Twp. 27 S. R. 7 East West
2,310 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: Thissen Well #: 3-27
Field Name: _____
Producing Formation: Viola
Elevation: Ground: 1581 Kelly Bushing: 1591
Total Depth: 4340 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 264 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
(Data must be collected from the Reserve Pit)
Chloride content: 30000 ppm Fluid volume: 800 bbls
Dewatering method used: Haul Off Pit
Location of fluid disposal if hauled offsite:
Operator Name: American Energies Corporation
Lease Name: Gonzales 1-33 License #: 5399
Quarter SE Sec. 33 Twp. 27 S. R. 7 East West
County: Kingman Permit #: D-30570

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrison</u> Date: <u>04/12/2011</u>



1053466

Operator Name: American Energies Corporation Lease Name: Thisssen Well #: 3-27
 Sec. 27 Twp. 27 S. R. 7 East West County: Kingman

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, 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 chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Attached	Top Datum Attached
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no. Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run: Attached			

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	12.25	8.6250	23	269	60/40 pozmix	190	
Production	7.8750	5.5	15.5	4336	60/40 ASC	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing	-			
____ Plug Back TD				
____ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
4			4239-4240
		450 gallons 15% Mud Acid	4239-4240

TUBING RECORD:	Size: <u>2.8750</u>	Set At: <u>2500</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>03/27/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>20</u>	Gas Mcf <u>0</u>	Water Bbls. <u>330</u>	Gas-Oil Ratio <u>43</u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	American Energies Corporation
Well Name	Thissen 3-27
Doc ID	1053466

All Electric Logs Run

Cement Bond Log
Compensated Neutron PEL Density
Dual Induction Resistivity
Micro Log

Form	ACO1 - Well Completion
Operator	American Energies Corporation
Well Name	Thissen 3-27
Doc ID	1053466

Tops

Formation	Top	Bottom
Onaga Shale	2022	-431
Indian Cave Sand	2062	-471
Wabaunsee	2106	-515
Heebner	2956	-1365
Lansing	3208	-1617
Stark Shale	3555	-1964
Cherokee	3799	-2208
Mississippian	3916	-2325
Kinderhook	4108	-2517
Viola	4236	-2645
Simpson Sand	4266	-2675

ALLIED CEMENTING CO., LLC. 040032

BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lake, KS

DATE <u>2-24-2011</u>	SEC. <u>27</u>	TWP. <u>25</u>	RANGE <u>7W</u>	CALLED OUT <u>12:00 pm</u>	ON LOCATION <u>1:00 pm</u>	JOB START <u>5:00 pm</u>	JOB FINISH <u>5:30 pm</u>
LEASE <u>Thiessen</u>	WELL # <u>3-27</u>	LOCATION <u>Township Kinsman, KS</u>	COUNTY <u>Kinsman</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)			egs on 54 to 46 54, turn north, 1/4 west, 1/4 N				

CONTRACTOR Pickersill Drilling

TYPE OF JOB Surface

HOLE SIZE 1 7/8 T.D. 269'

CASING SIZE 8 5/8 DEPTH 266'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 20'

PERFS. _____

DISPLACEMENT 1 1/2 bbls Fresh water

EQUIPMENT

PUMP TRUCK CEMENTER Derin F

414-302 HELPER Ron G

BULK TRUCK

381-250 DRIVER Brian S

BULK TRUCK

_____ DRIVER _____

OWNER American Energies

CEMENT

AMOUNT ORDERED 190s x 60:40:2% Gel

3% CC

100 lbs of sugar

COMMON	<u>A</u>	<u>114 sk @ 15.45</u>	<u>1761.30</u>
POZMIX		<u>76 sk @ 8.00</u>	<u>608.00</u>
GEL		<u>7 sk @ 20.80</u>	<u>145.60</u>
CHLORIDE		<u>12 sk @ 58.20</u>	<u>698.40</u>
ASC			
HANDLING	<u>209</u>	<u>@ 2.40</u>	<u>501.60</u>
MILEAGE	<u>209/10/50</u>		<u>1045.00</u>
			TOTAL <u>4759.90</u>

REMARKS:

Pipe on bottom & break circulation
Pump 3 bbls of fresh water mix 190s
of cement, displace 1 1/2 bbls of fresh
water, shut in cement & set

SERVICE

DEPTH OF JOB 266'

PUMP TRUCK CHARGE 1018.00

EXTRA FOOTAGE _____

MILEAGE 50 @ 7.00 350.00

MANIFOLD _____

SW 250 BUSINE

TOTAL 1368.00

CHARGE TO: American Energies

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

none

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

REC'D MAR - 2 2011

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

Thank you!!!

SALES TAX (If Any) _____

TOTAL CHARGES [scribble]

DISCOUNT _____ IF PAID IN 30 DAYS

[scribble]

CEMENTING CO., LLC. 040042

NO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine House, KS

DATE <u>3-5-2011</u>	SEC <u>27</u>	TWP <u>27S</u>	RANGE <u>7W</u>	CALLED OUT <u>3:00pm</u>	ON LOCATION <u>7:00pm</u>	JOB START <u>11:00pm</u>	JOB FINISH <u>12:00pm</u>
LEASE <u>Th-essen</u>	WELL # <u>3-27</u>	LOCATION <u>Kansas, KS</u>	COUNTY <u>esson</u>		STATE <u>KS</u>		
OLD OR (NEW) (Circle one)		<u>54 well 54, down nearly 1/2 mile</u>					

CONTRACTOR Pickersli #1
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 4340'
 CASING SIZE 5 1/2 DEPTH 4336'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 43
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 102 bbls of fresh water
 EQUIPMENT _____
 PUMP TRUCK CEMENTER Darin F
#414-302 HELPER Ron G
 BULK TRUCK _____
#363-290 DRIVER Bobby W
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER American Energies
 CEMENT
 AMOUNT ORDERED 50s, 60, 40, 40, 50, 150, 50 class A ASC & 5H Kicks, 1, 5 1/2 FL160 2 1/2 gals ASF

COMMON <u>A</u>	<u>30</u> sx	@ <u>15.45</u>	<u>463</u> ⁵⁰
POZMIX	<u>20</u> sx	@ <u>8.00</u>	<u>160</u> ⁰⁰
GEL	<u>2</u> sx	@ <u>20.80</u>	<u>41.60</u>
CHLORIDE		@	
ASC	<u>150</u> sx	@ <u>18.60</u>	<u>2790</u> ⁰⁰
<u>Kolscol</u>	<u>750</u> #	@ <u>89</u>	<u>667.50</u>
<u>FL-160</u>	<u>70-50</u>	@ <u>13.30</u>	<u>937.65</u>
<u>ASF</u>	<u>500 Gal</u>	@ <u>1.27</u>	<u>635</u> ⁰⁰
		@	
		@	
		@	
		@	
HANDLING	<u>244</u> sx	@ <u>2.40</u>	<u>585.60</u>
MILEAGE	<u>244/10/50</u>		<u>1220</u> ⁰⁰
			TOTAL <u>7500.85</u>

REMARKS:

Pipe on bottom & break circulation
mix 500 gals ASF, mix 30s for 20s
mix 20s mouse hole, mix 150s & 50
Cement, shut down, 150s pump & lines
Reverse plug, start displacement, lift
pressure at 25 bbls slow rate to 300
at 90 bbls bump plug at 102 bbls
500-1500 psi, close die head

SERVICE

DEPTH OF JOB 4336'
 PUMP TRUCK CHARGE 2011 ⁰⁰
 EXTRA FOOTAGE @ _____
 MILEAGE 50 @ 7 ⁰⁰ 350 ⁰⁰
 MANIFOLD @ _____
Hexarency @ _____ 100 ⁰⁰
 @ _____
 TOTAL 2461 ⁰⁰

CHARGE TO: American Energies
 STREET _____
 CITY _____ STATE _____ ZIP _____

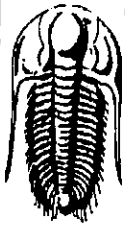
PLUG & FLOAT EQUIPMENT

5 1/2
 1-DFU Float Shoe @ _____ 214.20
 1-Latch down plug @ _____ 163.80
 5-Centrizers @ 32.20 161.00
 @ _____
 @ _____
 TOTAL 539 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.

SALES TAX (If Any) _____
 TOTAL CHARGES 7500.85
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME x Thad Starr
 SIGNATURE x Thad Starr
Thank you!!!



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

American Energies Corp.

155 N. Market, Ste. 710
Wichita Ks. 67202

ATTN: David Goldak

Thissen #3-27

27-27s-7w Kingman Ks

Job Ticket: 041612

DST#: 1

Test Start: 2011.03.04 @ 05:42:14

GENERAL INFORMATION:

Formation: **Viola**

Deviated: **No Whipstock:** ft (KB)

Time Tool Opened: 07:54:59

Time Test Ended: 13:20:14

Test Type: **Conventional Bottom Hole**

Tester: **Gary Pevoteaux**

Unit No: **56**

Interval: **4242.00 ft (KB) To 4246.00 ft (KB) (TVD)**

Total Depth: **4246.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition: **Fair**

Reference Elevations: **1591.00 ft (KB)**

1581.00 ft (CF)

KB to GR/CF: **10.00 ft**

Serial #: **8167**

Inside

Press@RunDepth: **46.80 psig @ 4243.00 ft (KB)**

Start Date: **2011.03.04**

End Date:

2011.03.04

Capacity: **8000.00 psig**

Last Calib.: **2011.03.04**

Start Time: **05:42:19**

End Time:

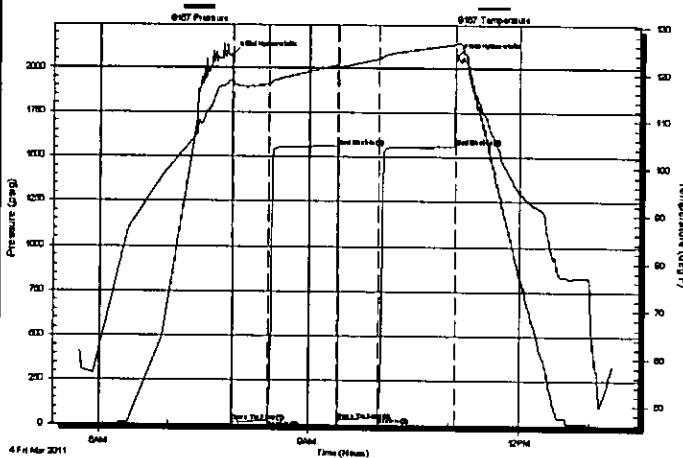
13:20:13

Time On Btm: **2011.03.04 @ 07:53:44**

Time Off Btm: **2011.03.04 @ 11:05:44**

TEST COMMENT: IF: Strong blow . B.O.B. in 4 1/2 mins.
IS: No blow .
FF: Strong blow . B.O.B. in 1 min.
FS: No blow .

Pressure vs. Time



PRESSURE SUMMARY

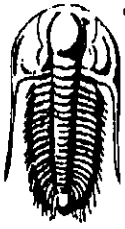
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2070.59	118.61	Initial Hydro-static
2	17.16	117.70	Open To Flow (1)
32	26.24	117.91	Shut-in(1)
91	1555.66	122.06	End Shut-in(1)
92	25.55	121.69	Open To Flow (2)
126	46.80	123.26	Shut-in(2)
191	1556.12	126.39	End Shut-in(2)
192	2067.09	126.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
100.00	CGO 14%g 86%o	1.40
0.00	2710 ft. of GIP trace of mud	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

American Energies Corp.

Thissen #3-27

155 N. Market, Ste. 710
Wichita Ks. 67202

27-27s-7w Kingman Ks

Job Ticket: 041612

DST#: 1

ATTN: David Goldak

Test Start: 2011.03.04 @ 05:42:14

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

44.1 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

7000 ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbl

Water Loss: 10.79 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 7000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
100.00	CGO 14%g 86%o	1.403
0.00	2710 ft.of GIP/ trace of mud	0.000

Total Length: 100.00 ft

Total Volume: 1.403 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: nne

Laboratory Name:

Laboratory Location:

Recovery Comments:

