

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING RECORD
K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 5399
Name: AmericanEnergies Corporation
Address 1: 155 North Market
Address 2: Suite 710
City: Wichita State: KS Zip: 67202 +
Contact Person: Mindy Wooten
Phone: (316) 201-1134
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No 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 No. 15 - 063-21235(00 00)
Spot Description: S/2 S/2 SE
S/2 S/2 SE Sec. KA Twp. 15 S. R. 29 East West
330 Feet from North / South Line of Section
1,320 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gove
Lease Name: Dean Well #: 3
Date Well Completed: 11/29/88
The plugging proposal was approved on: 2/11/10 (Date)
by: Steve Bond (KCC District Agent's Name)
Plugging Commenced: 9/14/10
Plugging Completed: 9/14/10

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
	Water Sands	Surface	8 5/8"	271'	None
	Water Sands	Production	4 1/2"	4068'	None

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

50 sx plug at 4068' - at bottom of hole
Ran in 9 sx gel, cemented from 1800' to surface, 40 sx on backside.

Plugging Contractor License #: 5399 Name: American Energies Corporation
Address 1: 155 North Market Address 2: Suite 710
City: Wichita State: KS Zip: 67202 +
Phone: (316) 263-5785
Name of Party Responsible for Plugging Fees: Alan L. DeGood, President
State of Kansas County, Sedgwick, ss.
Alan L. DeGood, President Employee of Operator or Operator on above-described well,
(Print Name)

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

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

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JOB LOG

SWIFT Services, Inc.

DATE: 9-14-10 PAGE 4

CUSTOMER: American Energy WELL NO: #3 LEASE: Ocean JOB TYPE: PTA TICKETING: 18104

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1105							on loc set up 9-ks 4 1/2" x 4068' PPTD Per Ps 3930'
	1120	5	0			0		Start Cement + 200# Halls + 75sks cem
	1125	5	25/0			0		Start Gel 6sks
	1130	5	23/0			50		Start Cement 65sks
	1135		17/0			300		End cement
						100		Shut In
								Hook up to 8 1/2" 25'
	1140	1.5	0			50		Start Cement 75sks
	1155	4.5	20			175		End Cement
						180		Shut in
	1205		1					Topoff 4 1/2" 10sks 4 1/2" 200 150 sks ⁶⁰ 400' 2 4% gel 200# Halls 6 sks gel 8 3/4 75sks ⁶⁰ 400' 2 4% gel
Thank you								
Nick, Josh P. & Lane								

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CHARGE TO: *American Energies*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
18104

PAGE 1 OF 1

SERVICE LOCATIONS: *Ways, Ks*
 WELL PROJECT NO.: *#3* LEASE: *Dean* COUNTY/PARISH: *Gove* STATE: *Ks* CITY: DATE: *9-14-10* OWNER: *same*
Ness City, Ks TICKET TYPE: SERVICE CONTRACTOR: *None* RIG NAME/NO.: SHIPPED VIA: *CH* DELIVERED TO: *Location* ORDER NO.:
 WELL TYPE: *oil* WELL CATEGORY: *owwo* JOB PURPOSE: *PTA* WELL PERMIT NO.: WELL LOCATION:
 REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DP							
575		1			MILEAGE <i>#111</i>	90	mi			5.00	450.00
576P		1			Pump Charge (PTA)	1	cu			750.00	750.00
279		2			Beststrate gel	6	skts			25.00	150.00
275		1			Cottonseed Hulls	3	skts			25.00	75.00
290		1			D-Air	2	gal			35.00	70.00
328-4		2			4% Poz 4% gel	225	skts			9.75	2193.75
581		2			Cement Service Charge	250	skts			1.50	375.00
583		2			Drayage	473.75	TUM			1.00	473.75

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 KCC MCHIT

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

DATE SIGNED: *9-14-10* TIME SIGNED: *1300*
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	37
Gole TAX @ 8.05%	305.27
TOTAL	4902.77

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: *Mark K...* APPROVAL:

Thank You!

P. 002/003
 (FAX) 785 798 2384
 10/07/2010 11:03 Swift Services
 10/07/2010/THU 11:17AM
 NO. 1912
 RECEIVE: