



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

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: Mindy Wooten
Phone: (316) 263-5785
CONTRACTOR: License # 5399
Name: American Energies Corporation
Wellsite Geologist: David Goldak
Purchaser: _____

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>07/14/2011</u>	<u>07/26/2011</u>	<u>08/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-151-22377-00-00
Spot Description: _____
S2 SW NE SE Sec. 25 Twp. 29 S. R. 12 East West
1400 Feet from North / South Line of Section
990 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Pratt
Lease Name: Murphy Well #: 1-25
Field Name: _____
Producing Formation: 0
Elevation: Ground: 1866 Kelly Bushing: 1876
Total Depth: 4708 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 310 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: 21500 ppm Fluid volume: 1800 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Messenger Petroleum
Lease Name: Nicholas A License #: 4706
Quarter NE Sec. 20 Twp. 30 S. R. 8 East West
County: Kingman Permit #: 15-095-21052

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

- Letter of Confidentiality Received
Date: 09/08/2011
 - Confidential Release Date: _____
 - Wireline Log Received
 - Geologist Report Received
 - UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 09/21/2011