



KANSAS CORPORATION COMMISSION 1065086
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: Mindy Wooten
Phone: (316) 201-1134
CONTRACTOR: License # 5399
Name: American Energies Corporation
Wellsite Geologist: None
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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: American Energies Corporation

Well Name: L.D. Slocombe 1

Original Comp. Date: 05/17/1957 Original Total Depth: 2814

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>06/17/2011</u>	<u>07/08/2011</u>
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-115-19101-00-01

Spot Description: _____
 NW NW SE Sec. 19 Twp. 21 S. R. 3 East West
2310 Feet from North / South Line of Section
2310 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Marion

Lease Name: L.D. Slocombe Well #: 1

Field Name: Unger

Producing Formation: None

Elevation: Ground: 1425 Kelly Bushing: 1430

Total Depth: 2900 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 116 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

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

County: _____ Permit #: _____

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: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 10/12/2011



1065086

Operator Name: American Energies Corporation Lease Name: L.D. Slocombe Well #: 1
 Sec. 19 Twp. 21 S. R. 3 East West County: Marion

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum None None None
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CASING RECORD <input 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	20	116	Unknown	0	0
Production	7.8750	5.5	0	2813	Unknown	0	0
Liner	7.8750	4.5	11.6	2900	60/40 Poz	115	4% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	0-2900	60/40	115	4% gel
<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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: <u>2.8750</u> Set At: <u>2816</u> Packer At: _____		Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>07/27/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Vacuum</u>	
Estimated Production Per 24 Hours	Oil Bbls. _____ Gas Mcf _____	Water Bbls. <u>1925</u> Gas-Oil Ratio _____ Gravity _____

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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COPELAND

Acid & Cement

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

JUL 08 2011

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

ENTERED 7-11-11

INVOICE NUMBER:
 C37708-IN

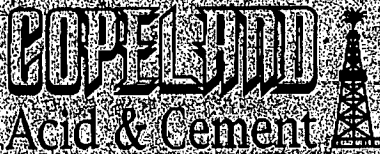
BILL TO:
 AMERICAN ENERGIES CORP.
 P.O. BOX 516
 CANTON, KS 67428

LD
 LEASE: SLOCOMBE 1 SW D
 # 10581068
 195090

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/30/2011	C37708		06/27/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE		0.00	950.00	950.00
5.00	GAL	FRICTION REDUCER C-37L		0.00	25.00	125.00
115.00	SAX	60-40 POZ MIX 4%		0.00	9.89	1,114.35
47.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	188.00
1.00	EA	4 1/2" WIPER PLUG		0.00	65.00	65.00
2.00	HR	OVERAGE OF 4 HR MIN.		0.00	100.00	200.00
1.00	EA	MIN. BULK CHARGE		0.00	150.00	150.00
237.82	MI	BULK TRUCK - TON MILES		0.00	1.10	261.60
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 3,053.95 MANCO Sales Tax: 88.70 Invoice Total: 3,142.65		
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service
 Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code



FIELD ORDER N° C 37708

BOX 438 • HAYSVILLE KANSAS 67060
316-524-1225

DATE June 1 20 11

IS AUTHORIZED BY Andrew Ferguson (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____ As Follows: Lease Shoreline Well No. 1 Customer Order No. _____

Sec. Twp _____ Range _____ County Wagonwheel State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat all owners risk the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED By _____ Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump Clamp		9.50
	5 gal	Fuel		11.50
	115 gal	60 lb acid @ 95¢/gal		109.25
	47	4 1/2 Wiper pl.		6.00
	200	Over the line @ 1.00/gal		200.00
	115 gal	Bulk Charge		1.50
	230 mi	Bulk Truck Miles		23.00
		Process License Fee on Gallons		
		TOTAL BILLING		305.25

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Andrew Ferguson

Station Bureau Well Owner, Operator or Agent

Remarks _____ **NET 30 DAYS**

COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

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JUL 08 2011

Acid & Cement

BURRTON, KS GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

ENTERED 7-11-11

INVOICE NUMBER:
C36731-IN

BILL TO:
AMERICAN ENERGIES CORP.
P.O. BOX 516
CANTON, KS 67428

LD
 LEASE: SLOCOMBE #1 SWD
 #10581068

195087

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/30/2011	C36731		06/23/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
40.00	MI	MILEAGE PUMP/PICKUP TRUCK		0.00	4.00	160.00
1.00	EA	PUMP CHARGE		0.00	600.00	600.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: 760.00		
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		MANCO Sales Tax: 43.80		
		NET 30 DAYS		Invoice Total: 803.80		

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service
 Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code

TREATMENT REPORT

Acid Stage No. Line

Date 6-27-11 District Bureau F. O. No. _____
 Company American Energy Corp
 Well Name & No. Slocomb #1
 Location _____ Field _____
 County Merion State La

Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size 4 1/2 Type & Wt. 102 Top at 210 ft. Bottom at 2895 ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Spung at _____ ft.
 Perforated from _____ ft. to _____ ft.

(Open Hole Size _____ T. I. _____ ft. P. I. to _____ ft.)

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Breakdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

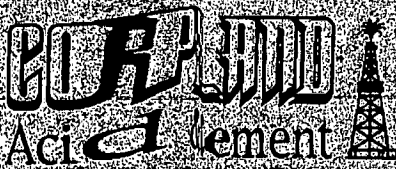
Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____

Actual Volume of Oil/Water to Land Hole: Line Pull Bbl./Gal. _____

Pump Trucks No. Used: 303 Twin _____
 Auxiliary Equipment: G.B. Bulk Trailer
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type 115 grade 60-40-40 Pozo

Company Representative _____ Treater Sam Rf

TIME a.m. (p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
4:00				Called out G.B. truck break down local water haul to loc.
4:45				On location 6:20 Bulk truck on loc.
5:30				Rig up SSA Tri on 4 1/2 string to circulate
				Try to get pipe down to TD
		500	5 BBL	Break circulation @ 3 BPM @ 500
			10 BBL	2.1 BPM @ 750 Pipe dropped down 1'
		800	20 BBL	2.1 @ 550 Up case to 3 1/2 BPM @ 800
		800	30 BBL	3 BPM 3 BBL 800 Slow back down @ 1/4 BPM @ 650
		650	70 BBL	Work Pipe made to TD Circ. Clear
6:20			108 BBL	Run out down in part 1 tank truck Shut down
			0	Load Pipe Bulk truck on location
				Mix up 5 gal Portland Reducer in 10 BBL water
7:35			0	Tri on 5 gal container start to get kept
			5 BBL	Good Blow on 5 1/2 Annular Port mix gray down hole
		450	0	Start w/ 4 1/2 slurry @ 1 1/2 BPM @ 450
			10 BBL	Go to 5.3 Slurry @ 300
		50	22 BBL	100 sec. mixer down @ 50 pressure Shut down
			0	Launch pipe did not wash up
		2000	6 BBL	Catch pressure @ 2 BPM
			2 BBL	2 BBL 900*
			3 BBL	1 BBL @ 1100*
			4 BBL	3/4 BPM @ 1400*
			4 1/2	1/2 BPM @ 1350 Tardel Pm @ 1600*
				Release down to 950 Shut in
				Tri onto 5 1/2 annular
				Start mixing get H side in locked up to 600*
9:00				Shut to wash up Roll up left locator



FIELD ORDER N° C 36731

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

DATE 06/23 2011

IS AUTHORIZED BY American Energy Corp
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows Slocumbe Well No. #1 Customer Order No. _____

Sec. TWP _____ Range _____ County Marion State KS

CONDITIONS: In consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk the hereinbefore mentioned well and is not to be held responsible for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable in accordance with latest published price schedules. There will be no discount allowed subsequent to such date. 8% interest will be charged after 30 days. Total charges are subject to correction by our invoicing department. The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK COMMENCED By _____ Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
		Milage Charge	4.00	160. ⁰⁰
		Pump Charge Circulate	6.00 ⁰⁰	600. ⁰⁰
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on Gallons		
		TOTAL BILLING		760.⁰⁰

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Michael H. Leno

Station G.B Travis
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5181
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

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JUN 29 2011

ENTERED LD-11ET

INVOICE NUMBER:
C36766-IN

BILL TO:
AMERICAN ENERGIES CORP.
P.O. BOX 516
CANTON, KS 67428

L.D.
 LEASE: **SLACOMBE 1** # **10581068**
195087

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/28/2011	C36766		06/23/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
45.00	MI	MILEAGE PUMP/PICKUP TRUCK		0.00	4.00	180.00
45.00	MI	MILEAGE PUMP/PICKUP TRUCK		0.00	2.00	90.00
1.00	EA	PUMP CHARGE (MISC)		0.00	550.00	550.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: 820.00		
RECEIVED BY		NET 30 DAYS		MANCO Sales Tax: 40.15		
				Invoice Total: 860.15		

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service
 Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code



FIELD ORDER N° C 36766

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

DATE 6/22/11 20

IS AUTHORIZED BY Amerson Enterprises (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease S. C. C. - 62 Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County McPherson State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED By _____ (Well Owner or Operator) Agent _____

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	45	m. lease pump truck	4.00	180.00
	45	m. lease pickup	2.00	90.00
		Pump Charge (F. M. Co.)		520.00
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on Gallons		
TOTAL BILLING				1290.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Amerson Enterprises

Station C. D. J. C. K. Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS