



CONFIDENTIAL

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 # 33549
Name: Landmark Drilling, LLC
Wellsite Geologist: David Barker
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>05/26/2012</u> | <u>06/05/2012</u> | <u>06/28/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-151-22388-00-00
Spot Description: _____
E2 E2 SE Sec. 25 Twp. 29 S. R. 12 East West
1320 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: Pratt
Lease Name: Murphy Well #: 2-25
Field Name: Murphy

Producing Formation: Information Confidential
Elevation: Ground: 1862 Kelly Bushing: 1871
Total Depth: 4750 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 302 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: 38000 ppm Fluid volume: 1800 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: American Energies Corporation
Lease Name: McGuire 1-30 SWD License #: 5399
Quarter SE Sec. 30 Twp. 29 S. R. 11 East West
County: Pratt Permit #: D31072

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: 08/01/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 08/07/2012