

STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-62-3-117

API NUMBER 15-077-21184-0000

LEASE NAME Short A

WELL NUMBER 1

1980S Ft. from S Section Line

1320E Ft. from E Section Line

SEC. 12 TWP. 31 RGE. 08W (E) or (W)

COUNTY Harper

Date Well Completed _____

Plugging Commenced 09-20-2000

Plugging Completed 09-20-2000

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 30 days.

LEASE OPERATOR American Energies Corporation

ADDRESS 155 N Market #710 Wichita, KS 67202

PHONE# 816) 263-1851 OPERATORS LICENSE NO. 5399

Character of Well Oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 09-20-2000 (date)

by Steve Van Gieson (KCC District Agent's Name)

Is ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation _____ Depth to Top 4790 Bottom 4791 T.D. 4820

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

RECEIVED
STATE CORPORATION COMMISSION
10-6-00
OCT 6 2000

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content Surface	From -0-	To 251'	Size 8 5/8"	Put in 251'	Pulled out Noen
	Production	-0-	4819'	5 1/2"	4819'	2768.20'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from _____ feet to _____ feet each set. Bottom plug, sand & cement 4740'. Allied - 1st plug 5 1/2" @ 1336', break circulation w/35 bbl water, mixed 35 sacks 60/40 poz 4% gel, displaced to balance. 2nd plug 900', mixed 35 sacks cement, displaced to balance. Top 5 1/2" 300' mixed 125 sacks cement 10% gel, cement circulated, cellar stayed full. Job started 1:20 p.m. and completed 4:00 p.m.

Name of Plugging Contractor D.S. & W. Well Servicing, Inc. License No. 6901

Address P.O. Box 231 Claflin, KS 67525

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: American Energies Corporation

STATE OF Kansas COUNTY OF Barton, ss.

Joseph F. Strube (Employee of Operator) or (Operator) of above-described well, 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 as filed the the same are true and correct, so help me God.

(Signature) Joseph F. Strube

(Address) P.O. Box 231 Claflin, KS 67525

SUBSCRIBED AND SWORN TO before me this 29th day of September, 19 2000

Brenda Urban
Notary Public

My Commission Expires: Nov 14, 2001

BRENDA URBAN
Notary Public - State of Kansas
My Appt. Expires Nov 14, 2001

Form CP-1
Rev. Issd 05-88