



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

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

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ Date: _____



1054922

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

April 29, 2011

Douglas H McGinness I
CMX, Inc.
1700 N WATERFRONT PKWY Bldg 300B
WICHITA, KS 67206

Re: ACO1
API 15-145-21628-00-00
POWERS 1
SW/4 Sec.15-21S-19W
Pawnee County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Douglas H McGinness I



PAGE 1 of 1	CUST NO 1000793	INVOICE DATE 01/25/2011
INVOICE NUMBER 1718 - 90508723		

Pratt (620) 672-1201
 B CMX INC
 I 1551 N WATERFRONT PKWY STE 150
 L WICHITA
 L KS US 67206
 T
 O ATTN:

J LEASE NAME Powers 1
 O LOCATION
 B COUNTY Pawnee
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40277386	20920		Net - 30 days	02/24/2011

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 01/22/2011 to 01/22/2011</i>				
0040277386				
171803553A Cement-New Well Casing/Pi 01/22/2011 P.T.A.				
60/40 POZ	200.00	EA	8.88	1,776.00 T
Cement Gel	344.00	EA	0.19	63.64 T
Unit Mileage Charge-Pickups, Vans & Cars	85.00	HR	3.15	267.33
Heavy Equipment Mileage	170.00	MI	5.18	880.60
Proppant and Bulk Delivery Charges	731.00	MI	1.18	865.50
Depth Charge; 1001-2000'	1.00	HR	1,110.00	1,110.00
Blending & Mixing Service Charge	200.00	MI	1.04	207.20
Supervisor	1.00	HR	129.50	129.50

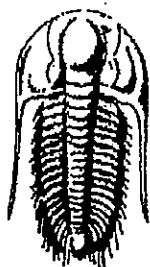
PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,299.77
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	152.69
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	5,452.46
DALLAS, TX 75284-1903	MIDLAND, TX 79702		

Customer CMX INC	Lease No.	Date 01-22-11
Lease POWERS	Well # 1	
Field Order # 3553	Station PRATT KS	Casing B.P.
Type Job CNW RTA	Formation	Depth
		County PAWNEE
		State KS
		Legal Description 15-21-19

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad		Max		5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative	Station Manager DAVE SCOTT	Treater <i>Robert Sullivan</i>
Service Units 19807 33708 20970 19959 21010		
Driver Names Sullivan metson Mitchell		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0300	km				on loc
0705	sr				Bulk Truck on loc. Flat tire.
					SAFETY meeting
					P.T.A.
					Set P 1200'
0700	150		10	2	SPACE
			20		cont w/ 40 sk.
0715			9		DMP. AN3 shot down
					Set 400'
0755			5		SPACE
			12	3	cont w/ 50 sk
0805			1		ORSP
0820				2	plug TO P 60' w/ 30 sk
0830			5		shot down
0845			7		plug RAT H/W w/ 30 sk
0855			5		plug M H. w/ 20 sk
					SOB complete
					Thank you



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **CMX Inc.**

1700 N. Waterfront Pkwy.
Bldg. 300, Ste. B.
Wichita KS 67206

ATTN: Doug McGinness

15-21s-19w Pawnee Ks

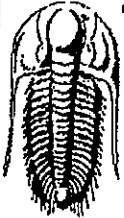
Powers#1

Start Date: 2011.01.21 @ 00:06:12

End Date: 2011.01.21 @ 06:51:57

Job Ticket #: 041603 DST #: 1

Trilobite Testing, Inc
PO Box 1733 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

CMX Inc.
 1700 N. Waterfront Pkwy.
 Bldg. 300, Ste. B.
 Wichita KS 67206
 ATTN: Doug McGinness

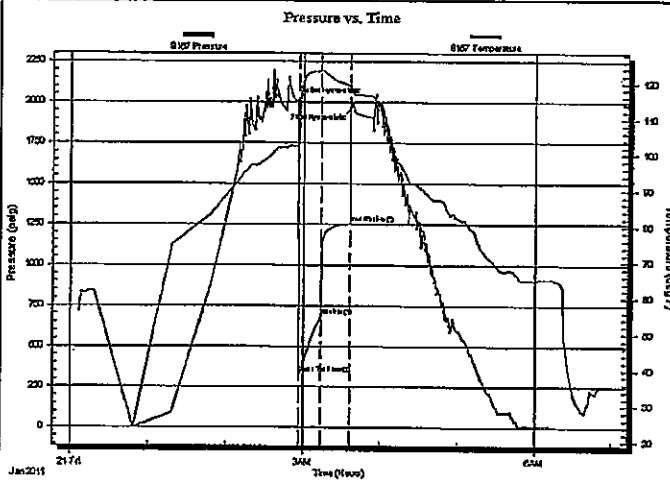
Powers#1
 15-21s-19w Pawnee Ks
 Job Ticket: 041603 DST#: 1
 Test Start: 2011.01.21 @ 00:06:12

GENERAL INFORMATION:

Formation: Cherokee
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 02:56:27
 Time Test Ended: 06:51:57
 Interval: 4200.00 ft (KB) To 4230.00 ft (KB) (TVD)
 Total Depth: 4230.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Poor
 Test Type: Conventional Bottom Hole
 Tester: Gary Pevoteaux
 Unit No: 39
 Reference Elevations: 2139.00 ft (KB)
 2126.00 ft (CF)
 KB to GR/CF: 13.00 ft

Serial #: 8167 Inside
 Press@RunDepth: 684.95 psig @ 4201.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2011.01.21 End Date: 2011.01.21 Last Calib.: 2011.01.21
 Start Time: 00:06:17 End Time: 06:51:56 Time On Btm: 2011.01.21 @ 02:54:27
 Time Off Btm: 2011.01.21 @ 03:37:42

TEST COMMENT: IF: Strong blow. B.O.B. in 40 secs.
 IS: Weak blow. 1/2 - 1".



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2005.90	102.69	Initial Hydro-static
2	333.22	103.80	Open To Flow (1)
20	684.95	123.47	Shut-In(1)
42	1253.18	119.41	End Shut-In(1)
44	1972.33	117.68	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
875.00	GCW/w afew o specs 3%g 97%w	10.63
320.00	SO&GCMW 2%0 5%g 10%m 83%w	4.49
125.00	GCWM/w o specs 5%g 17%w 78%m	1.75

Gas Rates

Choke (Inches)	Pressure (psig)	Gas Rate (Mc/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

CMX Inc.
1700 N. Waterfront Pkwy.
Bldg. 300, Ste. B.
Wichita KS 67206
ATTN: Doug McGinness

Powers#1
15-21s-19w Pawnee Ks
Job Ticket: 041603 DST#:1
Test Start: 2011.01.21 @ 00:06:12

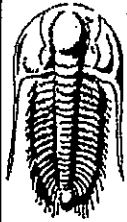
Tool Information

Drill Pipe:	Length: 3996.00 ft	Diameter: 3.80 inches	Volume: 56.05 bbl	Tool Weight: 24000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 180.00 ft	Diameter: 2.25 inches	Volume: 0.89 bbl	Weight to Pull Loose: 87000.00 lb
			<u>Total Volume: 56.94 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	4.00 ft			String Weight: Initial 64000.00 lb
Depth to Top Packer:	4200.00 ft			Final 70500.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	30.00 ft			
Tool Length:	58.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
C.O. Sub	1.00			4173.00	
Shut in tool	5.00			4178.00	
HMV	5.00			4183.00	
Jars	5.00			4188.00	
Safety Joint	3.00			4191.00	
Packer	4.00			4195.00	28.00 Bottom Of Top Packer
Packer	5.00			4200.00	
Stubb	1.00			4201.00	
Recorder	0.00	8167	Inside	4201.00	
Recorder	0.00	8370	Outside	4201.00	
Perforations	24.00			4225.00	
Bullnose	5.00			4230.00	30.00 Bottom Packers & Anchor

Total Tool Length: 58.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX Inc.

Powers#1

1700 N. Waterfront Pkwy.
Bldg. 300, Ste. B.
Wichita KS 67206
ATTN: Doug McGinness

15-21s-19w Pawnee Ks
Job Ticket: 041603 DST#: 1
Test Start: 2011.01.21 @ 00:06:12

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

53000 ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.57 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3800.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
875.00	GCW/w afew o specs 3%g 97%w	10.634
320.00	SO&GCMW 2%O 5%g 10%m 83%w	4.489
125.00	GCWM/w o specs 5%g 17%w 78%m	1.753

Total Length: 1320.00 ft Total Volume: 16.876 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments: Rw .26ohms@ 40 deg

Serial #: 8167

Inside CMX Inc.

15-21s-19w Paw nee Ks

DST Test Number: 1

