



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

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: _____



1054927

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 Bbbs.	Gas Mcf	Water Bbbs.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	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. McGinnss II
CMX, Inc.
1700 N WATERFRONT PKWY Bldg 300B
WICHITA, KS 67206

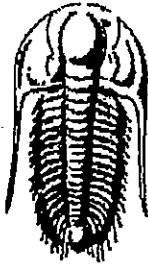
Re: ACO1
API 15-171-20792-00-00
CRIST 31-1
NW/4 Sec.31-20S-33W
Scott County, Kansas

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. McGinnss II



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

Prepared For: **CMX Inc**

1700 North Waterfront Pkwy
Bldg 300 STE B
Wichita KS 67202

ATTN: Leah Kasten

31-20-33 Scott KS

Crist 31-1

Start Date: 2011.01.12 @ 11:30:15

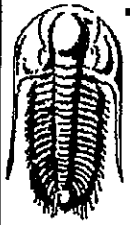
End Date: 2011.01.12 @ 17:17:00

Job Ticket #: 040615 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

TOOL DIAGRAM

CMX Inc
1700 North Waterfront Pkwy
Bldg 300 STE B
Wichita KS 67202
ATTN: Leah Kasten

Crist 31-1
31-20-33 Scott KS
Job Ticket: 040615 DST#: 1
Test Start: 2011.01.12 @ 11:30:15

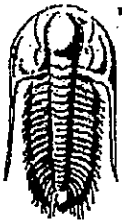
Tool Information

Drill Pipe:	Length: 3793.00 ft	Diameter: 2.80 inches	Volume: 28.89 bbl	Tool Weight: 1500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 589.00 ft	Diameter: 2.25 inches	Volume: 2.90 bbl	Weight to Pull Loose: 75000.00 lb
			<u>Total Volume: 31.79 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	30.00 ft			String Weight: Initial 54000.00 lb
Depth to Top Packer:	4380.00 ft			Final 55000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	73.00 ft			
Tool Length:	101.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4353.00	
Shut In Tool	5.00			4358.00	
Hydraulic tool	5.00			4363.00	
Jars	5.00			4368.00	
Safety Joint	3.00			4371.00	
Packer	5.00			4376.00	28.00 Bottom Of Top Packer
Packer	4.00			4380.00	
Stubb	1.00			4381.00	
Perforations	4.00			4385.00	
Change Over Sub	1.00			4386.00	
Drill Pipe	61.00			4447.00	
Change Over Sub	1.00			4448.00	
Recorder	0.00	8358	Outside	4448.00	
Recorder	0.00	6669	Outside	4448.00	
Bullnose	5.00			4453.00	73.00 Bottom Packers & Anchor
Total Tool Length:	101.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX Inc
1700 North Waterfront Pkwy
Bldg 300 STE B
Wichita KS 67202
ATTN: Leah Kasten

Crist 31-1
31-20-33 Scott KS
Job Ticket: 040615
DST#: 1
Test Start: 2011.01.12 @ 11:30:15

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	0 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	0 ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 17.92 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 3800.00 ppm			
Filter Cake: 2.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	m 100%	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

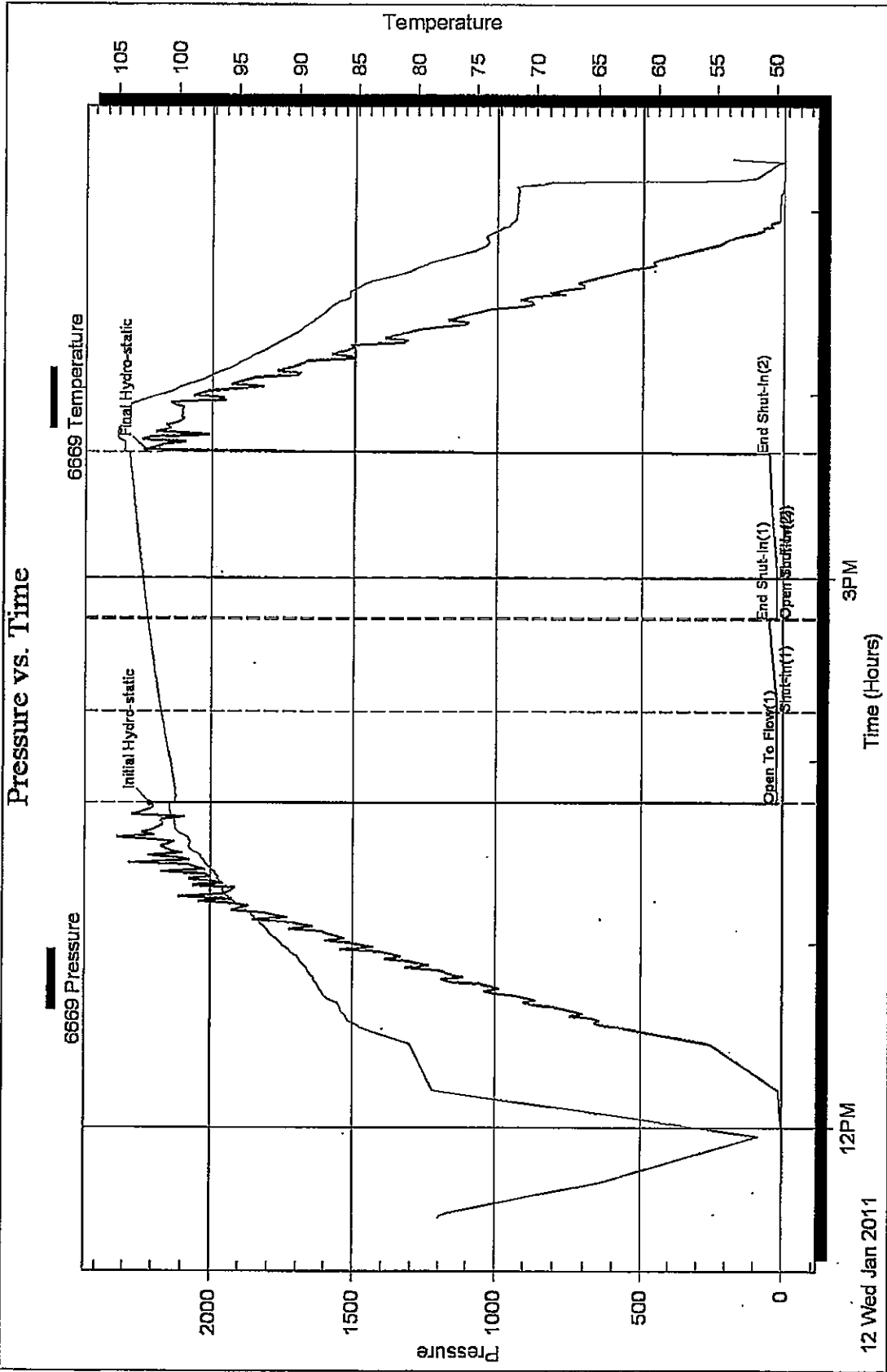
Recovery Comments:

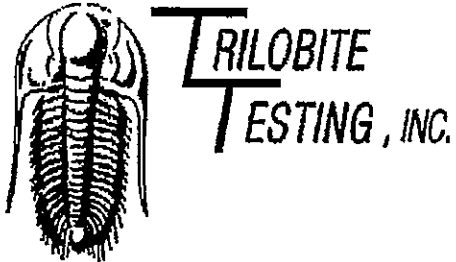
Serial #: 6669

Outside CMX Inc

31-20-33 Scott KS

DST Test Number: 1





DRILL STEM TEST REPORT

Prepared For: **CMX Inc**

1700 North Waterfront Pkwy
Bldg 300 STE B
Wichita KS 67202

ATTN: Leah Kasten

31-20-33 Scott KS

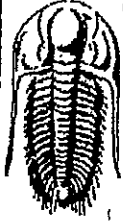
Crist 31-1

Start Date: 2011.01.13 @ 21:08:15

End Date: 2011.01.14 @ 02:23:00

Job Ticket #: 040616 DST #: 2

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 North Waterfront Pkwy
 Bldg 300 STE B
 Wichita KS 67202
 ATTN: Leah Kasten

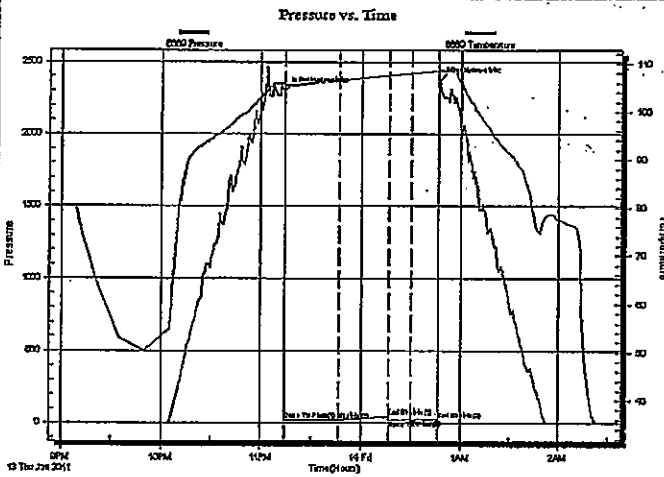
Crist 31-1
 31-20-33 Scott KS
 Job Ticket: 040616 DST#: 2
 Test Start: 2011.01.13 @ 21:08:15

GENERAL INFORMATION:

Formation: Cherokee
 Deviated: No Whipstock ft (KB)
 Time Tool Opened: 23:14:15
 Time Test Ended: 02:23:00
 Interval: 4524.00 ft (KB) To 4603.00 ft (KB) (TVD)
 Total Depth: 4603.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole
 Tester: Mike Roberts
 Unit No: 48
 Reference Elevations: 2966.00 ft (KB)
 2957.00 ft (CF)
 KB to GR/CF: 9.00 ft

Serial #: 6669 Outside
 Press@RunDepth: 25.02 psig @ 4598.00 ft (KB)
 Start Date: 2011.01.13 End Date: 2011.01.14
 Start Time: 21:08:15 End Time: 02:23:00
 Capacity: 8000.00 psig
 Last Calib.: 2011.01.14
 Time On Btm: 2011.01.13 @ 23:14:00
 Time Off Btm: 2011.01.14 @ 00:47:00

TEST COMMENT: IF:Weak surface blow
 IS:No return blow
 FF:No blow
 FS:No return blow



PRESSURE SUMMARY

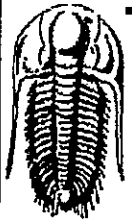
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2301.86	106.00	Initial Hydro-static
1	23.09	105.49	Open To Flow (1)
33	24.45	106.58	Shut-In(1)
63	44.57	107.60	End Shut-In(1)
63	23.81	107.59	Open To Flow (2)
77	25.02	107.99	Shut-In(2)
93	29.49	108.43	End Shut-In(2)
93	2368.79	108.85	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbt)
5.00	m 100% mud	0.02

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

CMX Inc
1700 North Waterfront Pkwy
Bldg 300 STEB
Wichita KS 67202
ATTN: Leah Kasten

Crist 31-1
31-20-33 Scott KS
Job Ticket: 040616 DST#: 2
Test Start: 2011.01.13 @ 21:08:15

Tool Information

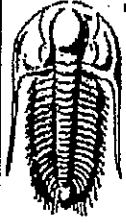
Drill Pipe:	Length: 3937.00 ft	Diameter: 2.80 inches	Volume: 29.98 bbl	Tool Weight: 1500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 589.00 ft	Diameter: 2.25 inches	Volume: 2.90 bbl	Weight to Pull Loose: 65000.00 lb
			<u>Total Volume: 32.88 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	30.00 ft			String Weight: Initial 52000.00 lb
Depth to Top Packer:	4524.00 ft			Final 52000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	79.00 ft			
Tool Length:	107.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4497.00	
Shut In Tool	5.00			4502.00	
Hydraulic tool	5.00			4507.00	
Jars	5.00			4512.00	
Safety Joint	3.00			4515.00	
Packer	5.00			4520.00	28.00 Bottom Of Top Packer
Packer	4.00			4524.00	
Stubb	1.00			4525.00	
Perforations	9.00			4534.00	
Change Over Sub	1.00			4535.00	
Drill Pipe	62.00			4597.00	
Change Over Sub	1.00			4598.00	
Recorder	0.00	8358	Outside	4598.00	
Recorder	0.00	6669	Outside	4598.00	
Bullnose	5.00			4603.00	79.00 Bottom Packers & Anchor

Total Tool Length: 107.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

CMX Inc

Crist 31-1

1700 North Waterfront Pkwy
Bldg 300 STE B
Wichita KS 67202
ATTN: Leah Kasten

31-20-33 Scott KS
Job Ticket: 040616 DST#: 2
Test Start: 2011.01.13 @ 21:08:15

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	0 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	0 ppm
Viscosity: 72.00 sec/qt	Cushion Volume: bbl		
Water Loss: 11.57 in ²	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 4700.00 ppm			
Filter Cake: 2.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	m 100% mud	0.025

Total Length: 5.00ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

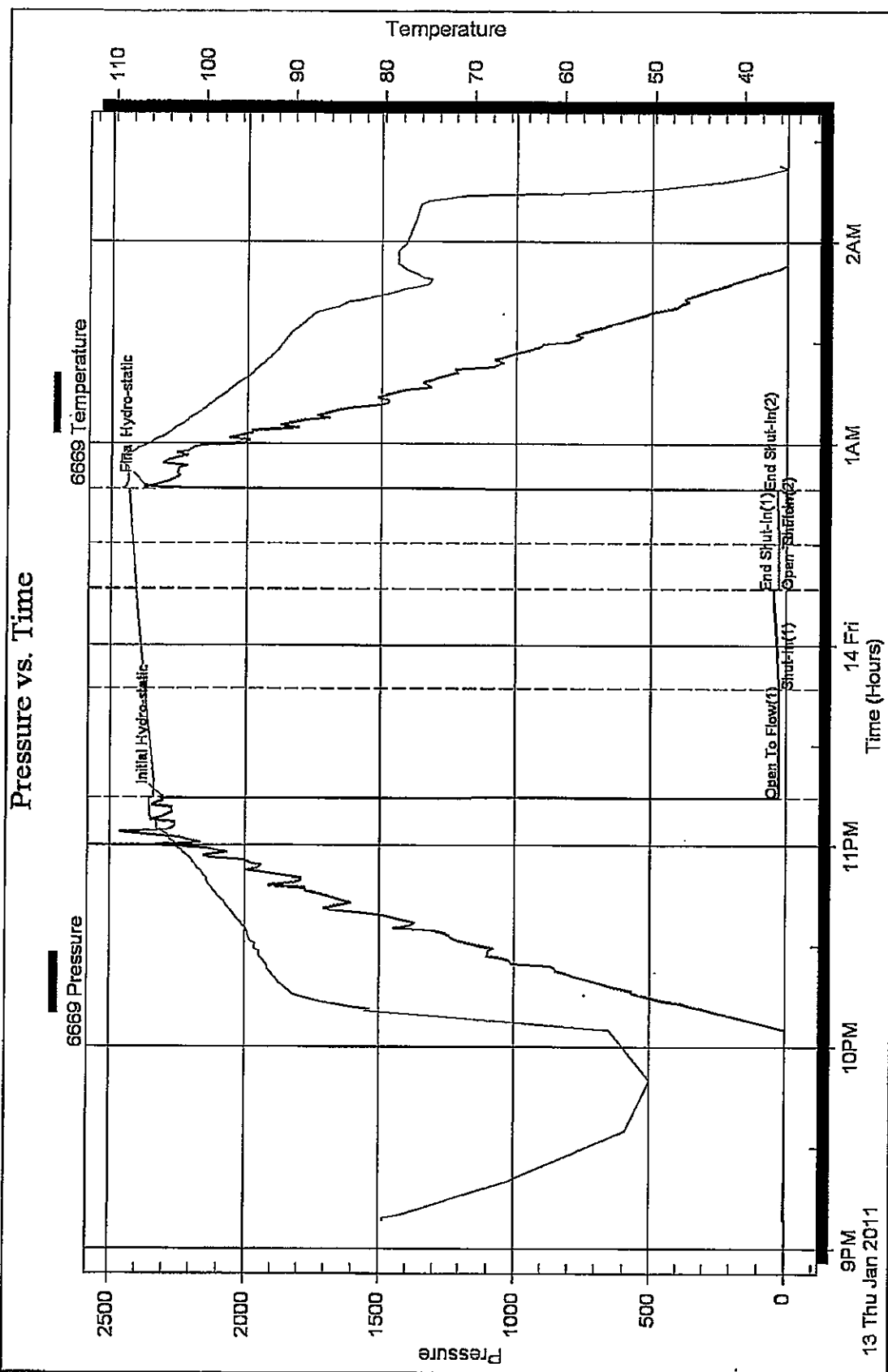
Recovery Comments:

Serial #: 6669

Outside CMX Inc

31-20-33 Scott KS

DST Test Number: 2





PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 125898

Invoice Date: Jan 10, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:

CMX, Inc.
1700 N Waterfront Parkway
Bldg 300, Suite B
Wichita, KS 67206

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
CMX	Crist #1-31	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Jan 10, 2011	2/9/11

Quantity	Item	Description	Unit Price	Amount
162.00	MAT	Class A Common	15.45	2,502.90
108.00	MAT	Pozmix	8.00	864.00
9.00	MAT	Gel	20.80	187.20
68.00	MAT	Flo Seal	2.50	170.00
282.00	SER	Handling	2.40	676.80
65.00	SER	Mileage 282 sx @ .10 per sk per mi	28.20	1,833.00
1.00	SER	Plug to Abandon	1,017.00	1,017.00
65.00	SER	Pump truck Mileage	7.00	455.00

Subtotal	7,705.90
Sales Tax	562.53
Total Invoice Amount	8,268.43
Payment/Credit Applied	
TOTAL	8,268.43

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1544.18

ONLY IF PAID ON OR BEFORE

Feb 4, 2011



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 125812

Invoice Date: Jan 6, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:
 CMX, Inc.
 1700 N Waterfront Parkway
 Bldg 300, Suite B
 Wichita, KS 67206

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
CMX	Crist #1-31	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Jan 6, 2011	2/5/11

Quantity	Item	Description	Unit Price	Amount
225.00	MAT	Class A Common	15.45	3,476.25
4.00	MAT	Gel	20.80	83.20
8.00	MAT	Chloride	58.20	465.60
237.00	SER	Handling	2.40	568.80
65.00	SER	Mileage 237 sx @.10 per sk per mi	23.70	1,540.50
1.00	SER	Surface	1,018.00	1,018.00
65.00	SER	Pump truck Mileage	7.00	455.00
1.00	EQP	8.5/8 Plug	68.00	68.00

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 1535.22

ONLY IF PAID ON OR BEFORE

Jan 31, 2011

Subtotal	7,675.35
Sales Tax	298.79
Total Invoice Amount	7,974.14
Payment/Credit Applied	
TOTAL	7,974.14

ALLIED CEMENTING CO., LLC. 040804

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Oakley

DATE <u>1-6-14</u>	SEC. <u>31</u>	TWP. <u>20</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION <u>7:00pm</u>	JOB START <u>9:00pm</u>	JOB FINISH <u>9:30pm</u>
LEASE <u>Cryst</u>	WELL# <u>1-31</u>	LOCATION <u>Friend 6 1/4 W - 1 W - 2 W</u>			COUNTY <u>Stark</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Doko #4
 TYPE OF JOB Surf
 HOLE SIZE 12 1/4 T.D. 380'
 CASING SIZE 6 5/8 DEPTH 380'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 22.7
 EQUIPMENT _____
 PUMP TRUCK CEMENTER Russ
 # 422 HELPER Wayne
 BULK TRUCK _____
 # 396 DRIVER Wilbur
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER _____
 CEMENT AMOUNT ORDERED 225 sks com 390cc
2 1/2 bags
 COMMON 225 @ 15.45 3476.25
 POZMIX _____ @ _____
 GEL 4 @ 20.00 80.00
 CHLORIDE 8 @ 58.00 464.00
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 237 @ 2.40 568.80
 MILEAGE 10.54 @ 14.00 147.56
 TOTAL 6134.32

REMARKS:
Cement did circulate
Plus down @ 9:30pm
Thanks Russ & crew

CHARGE TO: CMX
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 380'
 PUMP TRUCK CHARGE _____ 1018.00
 EXTRA FOOTAGE 80 @ .85 68.00
 MILEAGE 65 @ 7.00 455.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 1473.00

PLUG & FLOAT EQUIPMENT

1-8 1/8 plus @ _____ 68.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 68.00

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Rich Wheeler
 SIGNATURE Rich Wheeler

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS