



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: _____



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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</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 McGinness II
CMX, Inc.
1700 N WATERFRONT PKWY Bldg 300B
WICHITA, KS 67206

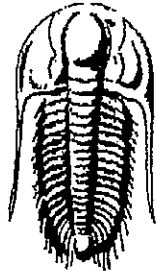
Re: ACO1
API 15-145-21637-00-00
MARTHA 1
NE/4 Sec.28-21S-19W
Pawnee County, Kansas

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 II



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Prepared For: **CMX Inc.**

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

ATTN: Douglas McGinness

28-21s-19w Pawnee,KS

Martha #1

Start Date: 2011.04.20 @ 02:55:00

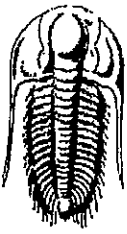
End Date: 2011.04.20 @ 09:43:20

Job Ticket #: 041812 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

CIVX Inc.
1700 N. Waterfront Fkwy
Bldg. 300 Ste.B
Wichita KS 67206
ATTN: Douglas McGinness

Martha #1
28-21s-19w Pawnee,KS
Job Ticket: 041812 DST#: 1
Test Start: 2011.04.20 @ 02:55:00

GENERAL INFORMATION:

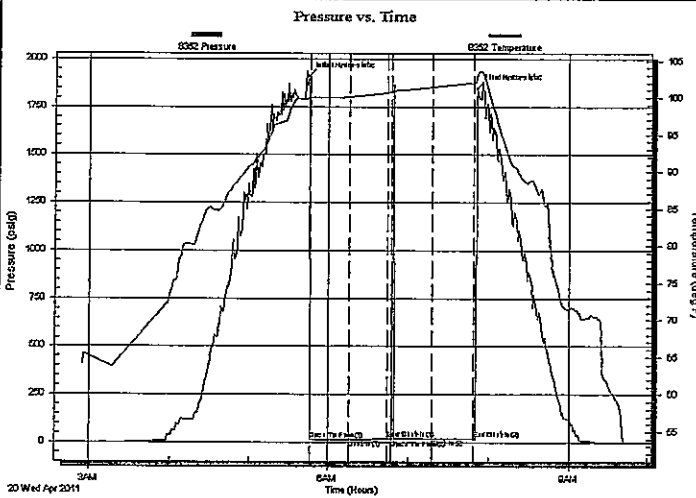
Formation: **LKC"H"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 05:46:20
 Time Test Ended: 09:43:20
 Interval: **3810.00 ft (KB) To 3830.00 ft (KB) (TVD)**
 Total Depth: **3830.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: Fair
 Test Type: Conventional Bottom Hole
 Tester: Andy Carreira
 Unit No: 39
 Reference Elevations: 2085.00 ft (KB)
 2073.00 ft (CF)
 KB to GR/CF: 12.00 ft

Serial #: 8352

Inside

Press@RunDepth: 18.91 psig @ 3811.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2011.04.20 End Date: 2011.04.20 Last Calib.: 2011.04.20
 Start Time: 02:55:05 End Time: 09:43:20 Time On Btm: 2011.04.20 @ 05:44:50
 Time Off Btm: 2011.04.20 @ 07:50:20

TEST COMMENT: IF: Blow died in 1 min.
 IS: No Return
 FF: No Blow, Flushed Tool, Surge, No Blow.
 FS: No Return



PRESSURE SUMMARY

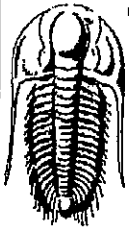
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1909.50	99.99	Initial Hydro-static
2	15.61	99.44	Open To Flow (1)
31	17.01	100.14	Shut-In(1)
61	19.12	100.70	End Shut-In(1)
63	17.26	100.76	Open To Flow (2)
93	18.91	101.44	Shut-In(2)
123	20.40	102.04	End Shut-In(2)
126	1847.55	102.94	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	Mud m=100%	0.00

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (MMcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

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

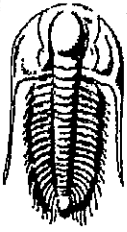
Martha #1
28-21s-19w Pawnee,KS
Job Ticket: 041812 DST#: 1
Test Start: 2011.04.20 @ 02:55:00

Tool Information

Drill Pipe:	Length: 3561.00 ft	Diameter: 3.80 inches	Volume: 49.95 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 22000.00 lb
Drill Collar:	Length: 233.70 ft	Diameter: 2.25 inches	Volume: 1.15 bbl	Weight to Pull Loose: 75000.00 lb
			<u>Total Volume: 51.10 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	4.70 ft			String Weight: Initial 66000.00 lb
Depth to Top Packer:	3810.00 ft			Final 66000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	20.00 ft			
Tool Length:	40.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		
Tool Comments:				

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Shut In Tool	5.00			3795.00	
Hydraulic tool	5.00			3800.00	
Packer	5.00			3805.00	20.00 Bottom Of Top Packer
Packer	5.00			3810.00	
Stubb	1.00			3811.00	
Recorder	0.00	8017	Inside	3811.00	
Recorder	0.00	8352	Inside	3811.00	
Perforations	16.00			3827.00	
Bullnose	3.00			3830.00	20.00 Bottom Packers & Anchor
Total Tool Length:	40.00				



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

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

Martha #1
28-21s-19w Pawnee,KS
Job Ticket: 041812 DST#: 1
Test Start: 2011.04.20 @ 02:55:00

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:	ppm
Viscosity:	57.00 sec/qt	Cushion Volume:	bbbl		
Water Loss:	9.59 in ³	Gas Cushion Type:			
Resistivity:	ohm.m	Gas Cushion Pressure:	psig		
Salinity:	5400.00 ppm				
Filter Cake:	inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
1.00	Mud m=100%	0.005

Total Length: 1.00 ft Total Volume: 0.005 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial#:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

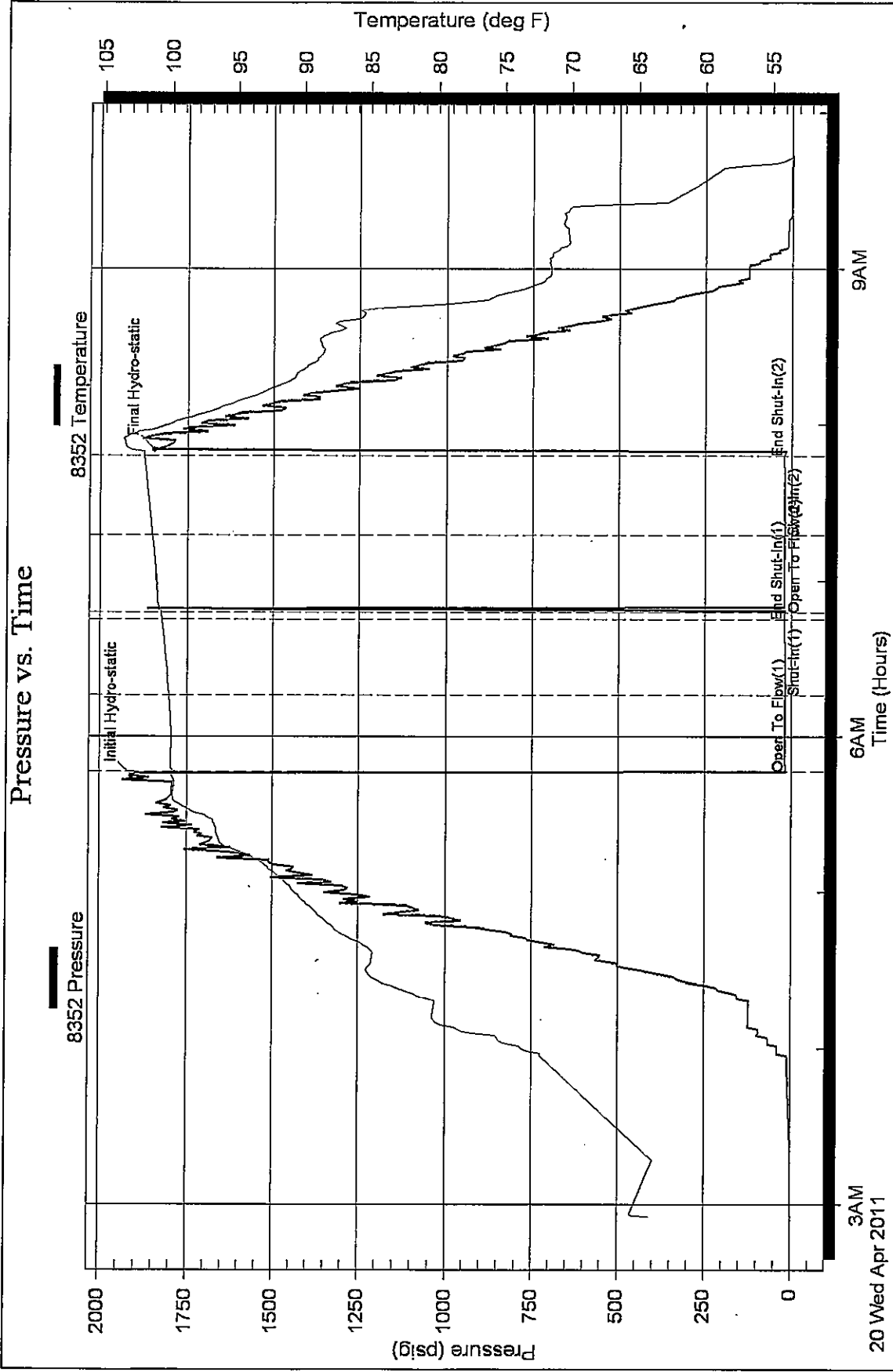
Serial #: 8352

Inside CMX Inc.

28-21s-19w Pawnee, KS

DST Test Number: 1

Pressure vs. Time



20 Wed Apr 2011 3AM

6AM Time (Hours)

9AM



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 126883

Invoice Date: Apr 15, 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	Martha #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Apr 15, 2011	5/15/11

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	16.25	2,437.50
3.00	MAT	Gel	21.25	63.75
14.00	MAT	Chloride	58.20	814.80
250.00	MAT	Lightweight Class A	15.00	3,750.00
430.00	SER	Handling	2.25	967.50
1.00	SER	Handling Mileage Charge	47.30	47.30
1.00	SER	Surface	1,125.00	1,125.00
700.00	SER	Extra Footage	0.95	665.00
70.00	SER	Pump Truck Mileage	7.00	490.00
1.00	SER	Manifold & Head Rental	200.00	200.00
70.00	SER	Light Vehicle Mileage	4.00	280.00
1.00	EQP	8.5/8 Insert	158.00	158.00
3.00	EQP	8.5/8 Centralizer	67.00	201.00
1.00	EQP	8.5/8 Rubber Plug	101.00	101.00
1.00	CEMENTER	Wayne Davis		
1.00	OPER ASSIST	Bobby Roller		
1.00	OPER ASSIST	Mark Radke		

Subtotal	11,300.85
Sales Tax	549.40
Total Invoice Amount	11,850.25
Payment/Credit Applied	
TOTAL	11,850.25

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

\$ 2260.12

ONLY IF PAID ON OR BEFORE
 May 10, 2011



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 126977

Invoice Date: Apr 22, 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	Martha #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Great Bend	Apr 22, 2011	5/22/11

Quantity	Item	Description	Unit Price	Amount
96.00	MAT	Class A Common	16.25	1,560.00
64.00	MAT	Pozmix	8.50	544.00
6.00	MAT	Gel	21.25	127.50
40.00	MAT	Flo Seal	2.70	108.00
168.00	SER	Handling	2.25	378.00
35.00	SER	Mileage 168 sx @.11 per sk per mi	18.48	646.80
1.00	SER	Rotary Plug	1,250.00	1,250.00
70.00	SER	Pump Truck Mileage	7.00	490.00
70.00	SER	Light Truck Mileage	4.00	280.00
1.00	CEMENTER	Bobby Roller		
1.00	CEMENTER	David West		
1.00	OPER ASSIST	Kevin Weighous		

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

\$ 1076.86

ONLY IF PAID ON OR BEFORE
 May 17, 2011

Subtotal	5,384.30
Sales Tax	393.05
Total Invoice Amount	5,777.35
Payment/Credit Applied	
TOTAL	5,777.35

ALLIED CEMENTING CO., LLC. 038736

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Great Bend KS

DATE <i>4-22-11</i>	SEC. <i>28</i>	TWP. <i>21S</i>	RANGE <i>18W</i>	CALLED OUT	ON LOCATION	JOB START <i>1:30am</i>	JOB FINISH <i>2:30am</i>
LEASE <i>North</i>	WELL# <i>1</i>	LOCATION <i>Great Bend KS North 1/2 West</i>		COUNTY <i>Pawnee</i>	STATE <i>KS</i>		
OLD OR NEW (Circle one)		<i>New</i>					

CONTRACTOR *Dude Rys #9*
 TYPE OF JOB *Rotary plug*
 HOLE SIZE _____ T.D. _____
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE *4 1/2* DEPTH *1080*
 TOOL _____ DEPTH _____
 PRES. MAX *250* MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT *Freshwater*

OWNER *CMX Inc*
 CEMENT
 AMOUNT ORDERED *16052 60/40 4% gel*

EQUIPMENT
 PUMP TRUCK CEMENTER *Dave W.*
 # *366* HELPER *Dave W.*
 BULK TRUCK
 # *344-170* DRIVER *Devin W.*
 BULK TRUCK
 # _____ DRIVER _____

COMMON	<i>96</i>	@	<i>16.25</i>	<i>1560.00</i>
POZMIX	<i>64</i>	@	<i>8.50</i>	<i>544.00</i>
GEL	<i>6</i>	@	<i>21.25</i>	<i>127.50</i>
CHLORIDE		@		
ASC		@		
<i>Closeal 40#</i>		@	<i>2.70</i>	<i>108.00</i>
		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<i>168</i>	@	<i>2.25</i>	<i>378.00</i>
MILEAGE	<i>168 x 35 x .11</i>			<i>646.80</i>
			TOTAL	<i>3369.30</i>

REMARKS:

On jobsite have safety meeting sig up
Run 1st plug at 1080 ft 5052
Run 2nd plug at 360 ft 4052
Run 3rd plug at 60 ft 2052
Rat 3052
mouse 2052
ols down

SERVICE

DEPTH OF JOB	<i>1080</i>			
PUMP TRUCK CHARGE			<i>1250.00</i>	
EXTRA FOOTAGE		@		
MILEAGE	<i>70</i>	@	<i>7.00</i>	<i>490.00</i>
MANIFOLD		@		
<i>light tunnel 70</i>		@	<i>4.00</i>	<i>280.00</i>
		@		
			TOTAL	<i>2020.00</i>

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

PLUG & FLOAT EQUIPMENT

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment

	@			
	@			
	@			
	@			