

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1136704

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Monogoment Plan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Oblasida sectori
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	
ENHR Permit #:	Quarter Sec Twp S. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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 Approved by: Date:

	Side Two	1136704
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sh	eets)	Yes No		-	n (Top), Depth and		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	 Yes No Yes No Yes No 					
List All E. Logs Run:							
		CASIN		lew Used			
		Report all strings se	et-conductor, surface, in	termediate, producti	on, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated							ement Squeeze Record I of Material Used)	Depth	
TUBING RECORD:	Siz	:e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed P	Producti	on, SWD or ENHF	₹.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF G	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Subr	nit ACO	-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion			
Operator	CMX, Inc.			
Well Name	Smitherman 1-V			
Doc ID	1136704			

All Electric Logs Run

Compensated Neutron Density
Dual Induction
Accoustic
Microporosity



PO Box 93999 Southlake, TX 76092

Voice: (817) 546-7282 Fax: (817) 246-3361

BillTo

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

A Payment Terms Well Name/# or Customer P.O. Customer ID Net 30 Days CMX Smitherman #1 Service Date Camp Location 220 Job Location Medicine Lodge Nov 17, 2012 12/17/12 KS1-02 Description Seat and Unit Price Amount Quantity 30.00 MAT Class A Common 17.90 537.00 9.35 187.00 20.00 MAT Pozmix 46.80 23.40 2.00 MAT Gel ASC 20.90 4,702.50 225.00 MAT 1,102.50 Kol Seal 0.98 1,125.00 MAT 1,984.50 105.00 MAT FL-160 18.90 548.80 9.80 56.00 MAT Defoamer 58.70 704.40 ASF 12.00 MAT 34.40 275.20 KCL 8.00 MAT 2.48 862.69 **Cubic Feet** 347.86 SER 2.60 745.68 286.80 SER **Ton Mileage** 2,765.75 2.765.75 1.00 SER Production Casing 20.00 SER **Pump Truck Mileage** 7.70 154.00 275.00 275.00 Manifold & Head Rental 1.00 SER 88.00 20.00 SER Light Vehicle Mileage 4.40 382.59 382.59 4.5 AFU Float Shoe 1.00 EQP

EQUIP OPER Scott Priddy 1.00 Continued Subtotal ALL PRICES ARE NET, PAYABLE Continued Sales Tax 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED Continued Total Invoice Amount THEREAFTER. IF ACCOUNT IS Payment/Credit Applied CURRENT, TAKE DISCOUNT OF Continued TOTAL S por out page and

4.5 Latch Down Plug

4.5 Centralizer

4.5 Basket

Ron Gilley

ONLY IF PAID ON OR BEFORE

1.00

2.00

1.00

12.00 EQP

EQP

EQP

CEMENTER



Invoice Numb	er: 133579
Invoice Date:	Nov 17, 2012
Page:	1



272.61

673.92

631.80

272.61

56.16

315.90



PO Box 93999 Southlake, TX 76092

Voice: (817) 546-7282 Fax: (817) 246-3361

BILITO: A AND A

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

Customer ID	Well Name/#:or Customer P:O. 15 # 35	Service arayment	
CMX	Smitherman #1	Net 30	Days
Job Location 45 2016	Camp Location	Service Date - 21	iDue Date
KS1-02	Medicine Lodge	Nov 17, 2012	12/17/12

Quantity		Description	Amount
1.00	EQUIP OPER	ustin Bower	
ALL PRICES AR	E NET, PAYABLE	Subtotal	16,940.74
30 DAYS FOLL	OWING DATE OF	Sales Tax	879.62
THEREAFTER.	2% CHARGED IF ACCOUNT IS	Total Invoice Amount	17,820.36
	E DISCOUNT OF	Payment/Credit Applied	
\$-110 MQ		ALOTAL CONTRACTOR OF A CONTRACT OF	1/60/0636

5.4743,410,210,00

ONLY IF PAID ON OR BEFORE

Invoice Number: 133579 Invoice Date: Nov 17, 2012 Page: 2



13,676

ALLIED CEMENTING CO., LLC. 038096 Federal Tax 1.D.# 20-5975804 REMIT TO P.O. BOX 31 RUSSELL, KANSAS 67665 SERVICE POINT: Medicine Lodge JOB FINISH CALLED OUT ON LOCATION JOB START RANGE SEC 33 TWP 225 164 100 PH DATE 11-17-12 COUNTY STATE LOCATION Haviland Ks LEASE SWITCHING WELLS Kiowa か η. OLD OR XEW)(Circle one) ,D Ľ. OWNER CONTRACTOR TYPE OF JOB CEMENT HOLE SIZE 4800 T.D. AMOUNT ORDERED So SX 60 40 4 4803,52 CASING SIZE 4 DEPTH TUBING SIZE DEPTH F.5% Fl -160 + Demmer DRILL PIPE DEPTH TOOL DEPTH 1 200 17.90 537.00 ala COMMON_ PRES. MAX MINIMUM 2200 SHOE JOINT 42. 17 POZMIX q, u188.00 MEAS. LINE 2640 GEL CEMENT LEFT IN CSG. 4 2.17 CHLORIDE ര PERFS, 4.702 DISPLACEMENT 788615 ASC ര しつり、ふつ 5004 EQUIPMENT 160 20 Eamer PUMPTRUCK CEMENTER Hon * 555 HELPER Scott Polde 40 ッアン BULK TRUCK Jower 2 21-55 PORIVER Justin TRUCK **D**IN HANDLING 347.92 DRIVER @ 2.48 862.69 2.60 745.68 MILEAGE 14.34 X.20 TOTAL 1697.09 REMARKS: 284.80 lle men SERVICE Float DEPTH OF JOB Root PUMP TRUCK CHARGE 2765.75 EXTRA FOOTAGE ø 7.70 15400 MILEAGE 0 MANIFOLD Hea ø α ightill CHARGE TO: C.M.X TOTAL S. 782.75 STREET ZIP STATE CITY_ PLUG & FLOAT EQUIPMENT 1- AFU Float stal Down Plug @ <u>56</u> Centralizers' ø To Allied Cementing Co., LLC. @ <u>315.90</u> Baskets You are hereby requested to rent cementing equipment 0 and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was TOTAL 1960.92 done to satisfaction and supervision of owner agent orcontractor. I have read and understand the "GENERAL SALES TAX (If Any) TERMS AND CONDITIONS" listed on the reverse side. TOTAL CHARGES PAID IN 30 DAYS PRINTED NAME X FR DISCOUN SIGNATURE ÷.



PO Box 93999 Southlake, TX 76092

Voice: (817) 546-7282 Fax: (817) 246-3361

Bill To

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

Custon	ier ID	Wel	I Name/# or Customer P.O.		Payment.	lerms
CM			Smitherman #1-V		Net 30 D	
Job Loc	ation	and the second	Camp Location	36.2 S	Due Date	
KS1-	01		Medicine Lodge	Lodge Nov 8, 2012		
Quantity	Item		Description		Unit Price	Amount // Si
300.00	MAT	Class A C	ommon		17.90	5,370.00
5.00	MAT	Gel			23.40	117.00
10.00	MAT	Chloride			64.00	640.00
324.40	SER	Cubic Fee	et		2.48	804.51
296.00	SER	Ton Milea	ge		2.60	769.60
1.00	SER	Surface			1,512.25	1,512.25
20.00	SER	Pump Tru	ick Mileage		7.70	154.00
1.00	SER	Manifold 8	& Head Rental		275.00	275.00
20.00	SER	Light Vehi	icle Mileage		4.40	88.00
1.00	EQP	8.5/8 Baff	le Plate		131.04	131.04
1.00	EQP	8.5/8 Woo	oden Plug		107.64	107.64
1.00	CEMENTER	Ron Gilley	<i>f</i>			
1.00	EQUIP OPER	Scott Prid	dy .			
1.00	EQUIP OPER	Justin Boy	wer		:	
						1
ALL PRICES AR	E NET. PAYARI		Subtotal			9,969.04
30 DAYS FOLLO	DWING DATE OF		Sales Tax			464.69
	2% CHARGED		Total Invoice Amount		r	10,433.73
	IF ACCOUNT IS E DISCOUNT OI		Payment/Credit Applied			· · · · · · · · · · · · · · · · · · ·
\$2991.3			TOTAL		C. C	10,433,73

\$ 2991.33

ONLY IF PAID ON OR BEFORE

INVOICE

1

Invoice Number: 133491 Invoice Date: Nov 8, 2012

Page:



REMITTO P.O. BOX 31 RUSSELL, KANSAS 67665	SERVICE POINT:
	STOD AN TION LOCATION ION START TOB FINIS
	9 Havland 244 N Kiouza K.S.
LEASESWithowan IWELL # 11 LOCATION / MILES OLD OR VIEW (Circle one) 41/into	- He Clare ACT From
	1.01
CONTRACTOR Duke#7	OWNER C.MX
HOLE SIZE 12/14 T.D. 436	CEMENT AMOUNT ORDERED 3005× 4"+3764C+
CASINO SIZE 85/8 DEPTH 4/8, 79	AMOUNT ORDERED SOUSE A FOTOESST
TUBING SIZE DEPTH DRILL PIPE DEPTH	
TOOL DEPTH	COMMON
PRES. MAX MINIMUM MEAS. LINE SHOE JOINT 42,21	POZMIX
CEMENT LEFT IN CSG. 42.21	GEL @ 23,40
PERI'S.	CHLORIDE@@
DISPLACEMENT 26.8615 EQUIPMENT	······································
EQUITION A	@
PUMPTRUCK CEMENTER Ban Gilley	@
1558-535 HELPER Scott Friday 2	
BULKTRUCK # 381-250 DRIVER Justin Bower 2	@
BULKTRUCK	@
# DRIVER	HANDLING 3244@ 2.48
REMARKS:	MILEAGE 14.8 × 20× 2.60 16
SEE Dement bog	296
and the former of the second s	SERVICE *
	DEPTH OF JOB 43
,	
· · · · · · · · · · · · · · · · · · ·	PUMP TRUCK CHARGE
	EXTRA FOOTAGE@?.20'
	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>// VL 20</u> @ <u>4740</u> <u>8</u> MANIFOU DCL HEA 2 <u>9</u>
	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>////</u>
	MILEAGE HUL 200 440 4
CHARGE TO:	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>////</u>
CHARGE TO:	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>IFUL</u> 20@ <u>4770</u> MANIFOLDS Head @ <u>2</u> Light Uch <u>20</u> @ <u>4.40</u> MANIFOLDS Head <u>0</u> Jught Uch <u>20</u> @ <u>4.40</u>
STREET	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>HUL 200 4740</u> MANIFOLDC Head <u>0</u> Jught Uch <u>20</u> <u>4.40</u> TOTAU <u>15</u> 70,
STREET	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>IFUL</u> 20@ <u>4770</u> MANIFOLDS Head @ <u>2</u> Light Uch <u>20</u> @ <u>4.40</u> MANIFOLDS Head <u>0</u> Jught Uch <u>20</u> @ <u>4.40</u>
STREET	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>HUL 200 4740</u> MANIFOLDC Head <u>0</u> Jught Uch <u>20</u> <u>4.40</u> TOTAU <u>15</u> 70,
STREET	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>HUL 200 4740</u> MANIFOLDC Head <u>0</u> Jught Uch <u>20</u> <u>4.40</u> TOTAU <u>15</u> 70,
STREET	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>HUL</u> 20@ 4740 <u>4</u> MANIFOLDC <u>Head</u> <u>9</u> <u>Jught Uch</u> <u>9</u> TOTAU <u>155</u> 70, SSK PLUG & FLOAT EQUIPMENT <u>1-Baff/c</u> <u>Plate</u> <u>9</u> <u>1-Weaden Plug</u> <u>9</u> <u>0</u>
STREETSTATEZIP CITYSTATEZIP To Allied Cementing Co., LLC. You are hereby requested to reat contenting equipment	EXTRA FOOTAGE @ <u>1.70</u> MILEAGE <u>II VI 20</u> <u>4.40</u> MANIFOLDO <u>Head</u> <u>9</u> <u>10</u> <u>4.40</u> TOTAU <u>15</u> 70. SS/& PLUG & FLOAT EQUIPMENT <u>1-Baffle Plate</u> <u>9</u> <u>13</u>
STREET	EXTRA FOOTAGE @ <u>1.70</u> MILEAGE <u>II VI <u>20</u>@ <u>4740</u> <u>5</u> MANIFOLDC <u>Head</u> <u>0</u> <u>Jught Veh</u> <u>20</u>@ <u>4.40</u> <u>5</u> TOTAU <u>15</u> <u>70</u> <u>85%</u> PLUG & FLOAT EQUIPMENT <u>1-Baff/c <u>1/atc</u> <u>0</u> <u>15</u> <u>1-Weaden Ting</u> <u>0</u> <u>0</u></u></u>
STREET	EXTRA FOOTAGE @ <u>1.70</u> MILEAGE <u>II VI <u>20</u> <u>4770</u> <u>5</u> MANIFOLDC <u>Head</u> <u>6</u> <u>10</u> <u>4.40</u> <u>5</u> TOTAU <u>55</u> <u>70</u> <u>85%</u> PLUG & FLOAT EQUIPMENT <u>1-Baff/c. Plate</u> <u>6</u> <u>1-Weaden Plug</u> <u>6</u> <u>6</u> <u>6</u> <u>70</u> <u>70</u></u>
STREET	EXTRA FOOTAGE @ <u>1.20</u> MILEAGE <u>II VI <u>20</u> <u>4770</u> <u>5</u> MANIFOLDC <u>Head</u> <u>9</u> <u>Jught Veh</u> <u>20</u> <u>4.40</u> <u>5</u> TOTAU <u>15</u> 70, SSK PLUG & FLOAT EQUIPMENT <u>1-Baff/c. Plate</u> <u>9</u> <u>1-Weaster Plug</u> <u>9</u> <u>0</u> <u>0</u> <u>0</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u></u>
STREET	EXTRA FOOTAGE @ <u>1.20</u> MILEAGE <u>HUL 20</u> <u>4.40</u> MANIFOLDC <u>Head</u> <u>9</u> <u>Jught Uch</u> <u>20</u> <u>4.40</u> <u>FOTAU 457</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u>
STREETSTATEZIP CITYSTATEZIP To Allied Cementing Co., LLC. You are hereby requested to rent comenting 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 "GENERAM TERMS AND CONDITIONS" listed on the reverse sid	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>HUL 20@ 440</u> MANIFOLDC <u>Head</u> @ <u>Light Uch</u> <u>20</u> @ 440 <u>Extra Uch</u> <u>20</u> @ 440 <u>Construction</u> <u>TOTAU 1557</u> <u>1-Baffle</u> <u>Plug</u> <u>0</u> <u>1-Baffle</u> <u>Plug</u> <u>0</u> <u>1-Baffle</u> <u>Plug</u> <u>0</u> <u>1-Baffle</u> <u>Plug</u> <u>0</u> <u>1-Baffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>0</u> <u>0</u> <u>0</u> <u>0</u> <u>1-Saffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>0</u> <u>0</u> <u>0</u> <u>1-Saffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>0</u> <u>0</u> <u>1-Saffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>0</u> <u>0</u> <u>1-Saffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>0</u> <u>0</u> <u>1-Saffle</u> <u>15</u> <u>1-Saffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>0</u> <u>1-Saffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>0</u> <u>0</u> <u>1-Saffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>0</u> <u>1-Saffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>15</u> <u>1-Weaden Plug</u> <u>0</u> <u>1-Saffle</u> <u>15</u> <u>1-Weaden Plug</u> <u>15</u> <u>1-W</u>
STREET	EXTRA FOOTAGE @ <u>0.00</u> MILEAGE <u>HUL 20@ 4740</u> MANIFOLDC <u>Head</u> @ <u>4.40</u> <u>Light Uch</u> <u>20</u> @ 4.40 <u>Extra Uch</u> <u>20</u> @ 4.40 <u>BSK</u> PLUG & FLOAT EQUIPMENT <u>1-Baffle</u> <u>Plate</u> @ <u>15</u> <u>1-Weaden Plug</u> @ <u>10</u> @ <u>0</u> @ <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u> <u>10</u>
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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/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

April 25, 2013

Leah Kasten CMX, Inc. 1700 N WATERFRONT PKWY Bldg 300B WICHITA, KS 67206

Re: ACO1 API 15-097-21738-00-00 Smitherman 1-V SE/4 Sec.32-27S-16W Kiowa 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, Leah Kasten 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/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

April 29, 2013

Leah Kasten CMX, Inc. 1700 N WATERFRONT PKWY Bldg 300B WICHITA, KS 67206

Re: ACO-1 API 15-097-21738-00-00 Smitherman 1-V SE/4 Sec.32-27S-16W Kiowa County, Kansas

Dear Leah Kasten:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/7/2012 and the ACO-1 was received on April 26, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department