



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: _____



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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

INVOICE

Invoice Number: 133579
Invoice Date: Nov 17, 2012
Page: 1



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

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
CMX	Smitherman #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Nov 17, 2012	12/17/12

Quantity	Item	Description	Unit Price	Amount
30.00	MAT	Class A Common	17.90	537.00
20.00	MAT	Pozmix	9.35	187.00
2.00	MAT	Gel	23.40	46.80
225.00	MAT	ASC	20.90	4,702.50
1,125.00	MAT	Kol Seal	0.98	1,102.50
105.00	MAT	FL-160	18.90	1,984.50
56.00	MAT	Defoamer	9.80	548.80
12.00	MAT	ASF	58.70	704.40
8.00	MAT	KCL	34.40	275.20
347.86	SER	Cubic Feet	2.48	862.69
286.80	SER	Ton Mileage	2.60	745.68
1.00	SER	Production Casing	2,765.75	2,765.75
20.00	SER	Pump Truck Mileage	7.70	154.00
1.00	SER	Manifold & Head Rental	275.00	275.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
1.00	EQP	4.5 AFU Float Shoe	382.59	382.59
1.00	EQP	4.5 Latch Down Plug	272.61	272.61
12.00	EQP	4.5 Centralizer	56.16	673.92
2.00	EQP	4.5 Basket	315.90	631.80
1.00	CEMENTER	Ron Gilley		
1.00	EQUIP OPER	Scott Priddy		

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued

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

See inside page

ONLY IF PAID ON OR BEFORE

Dec 12, 2012



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 133579

Invoice Date: Nov 17, 2012

Page: 2



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

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

Customer ID	Well Name/#. or Customer P.O.	Payment Terms	
CMX	Smitherman #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Nov 17, 2012	12/17/12

Quantity	Item	Description	Unit Price	Amount
1.00	EQUIP OPER	Justin Bower		

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

~~17,820.36~~

ONLY IF PAID ON OR BEFORE

Dec 12, 2012

Subtotal	16,940.74
Sales Tax	879.62
Total Invoice Amount	17,820.36
Payment/Credit Applied	
TOTAL	17,820.36

13,076⁹⁵

ALLIED CEMENTING CO., LLC. 038096

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Medicine Lodge

DATE <i>11-17-12</i>	SEC <i>33</i>	TWP <i>27S</i>	RANGE <i>16W</i>	CALLED OUT	ON LOCATION <i>1:00 PM</i>	JOB START <i>7:15</i>	JOB FINISH <i>2:15</i>
LEASE <i>Sutherland</i> WELL # <i>1</i>		LOCATION <i>Haviland Ks, 1E, 2 1/2 N, U/pts</i>			COUNTY <i>Kiowa</i>	STATE <i>KS</i>	
OLD OR NEW (Circle one)							

CONTRACTOR <i>Ayko #7</i>	OWNER <i>CMX 1,0²</i>
TYPE OF JOB <i>Production</i>	
HOLE SIZE <i>7 7/8</i> TD. <i>4900'</i>	CEMENT
CASING SIZE <i>4 1/2</i> DEPTH <i>4803.52</i>	AMOUNT ORDERED <i>505x 60' 40' 14' 20' 2253K Class A Asc + 5" Kalsol</i>
TUBING SIZE DEPTH	<i>2.5" El-160 + Defamer</i>
DRILL PIPE DEPTH	
TOOL DEPTH	
PRES. MAX MINIMUM	COMMON <i>Class A 11" @ 17.90 539.00</i>
MEAS. LINE SHOE JOINT <i>42.12</i>	POZMIX <i>22x @ 9.34 182.00</i>
CEMENT LEFT IN CSG. <i>42.12</i>	GEL <i>22x @ 25.30 566.00</i>
PERFS.	CHLORIDE
DISPLACEMENT <i>78 Bbls</i>	ASC <i>225x @ 20.90 4702.50</i>
EQUIPMENT	<i>Kalsol 11 25" @ 88 1102.50</i>
	<i>El-160 105" @ 18.70 1966.50</i>
	<i>Defamer 51" @ 9.80 509.80</i>
	<i>ASF 125x @ 58.70 7337.50</i>
	<i>KOL Regals @ 3440 275.20</i>

PUMP TRUCK CEMENTER *Bonvilley 1*
555 HELPER *Scott Priddy 2*
BULK TRUCK
561-55 DRIVER *Sustin Bower 2*
BULK TRUCK
DRIVER

HANDLING <i>347.86</i>	@ <i>2.48</i>	<i>862.69</i>
MILEAGE <i>14.34 x 70</i>	<i>2.60</i>	<i>715.68</i>
<i>286.80</i>		TOTAL <i>11697.09</i>

REMARKS:
Sec. Cement Log
Float did Hold

SERVICE

DEPTH OF JOB <i>4800'</i>	
PUMP TRUCK CHARGE	<i>2716.75</i>
EXTRA FOOTAGE	@
MILEAGE <i>20</i>	@ <i>7.30 154.00</i>
MANIFOLD & Head <i>Light Veh</i>	@ <i>4.40 88.00</i>
	@
TOTAL <i>3,282.75</i>	

CHARGE TO: *CMX*
STREET
CITY STATE ZIP

4 1/2 PLUG & FLOAT EQUIPMENT

<i>1- AFU Flat shoe</i>	@	<i>382.59</i>
<i>1- Latch Down Plug</i>	@	<i>272.61</i>
<i>12- Centralizers</i>	@ <i>56.60</i>	<i>679.20</i>
<i>2- Baskets</i>	@ <i>315.90</i>	<i>631.80</i>
	@	
TOTAL <i>1960.92</i>		

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.

SALES TAX (If Any) *879.62*
TOTAL CHARGES *116,940.74*
DISCOUNT *20% 4743.41* PAID IN 30 DAYS
Net *12,197.33*

PRINTED NAME *X Preston L. Drilling*
SIGNATURE *X P L Drilling*



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 133491
Invoice Date: Nov 8, 2012
Page: 1

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



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

Customer ID	Well Name/# or Customer P.O	Payment Terms	
CMX	Smitherman #1-V	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Nov 8, 2012	12/8/12

Quantity	Item	Description	Unit Price	Amount
300.00	MAT	Class A Common	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 Feet	2.48	804.51
296.00	SER	Ton Mileage	2.60	769.60
1.00	SER	Surface	1,512.25	1,512.25
20.00	SER	Pump Truck Mileage	7.70	154.00
1.00	SER	Manifold & Head Rental	275.00	275.00
20.00	SER	Light Vehicle Mileage	4.40	88.00
1.00	EQP	8.5/8 Baffle Plate	131.04	131.04
1.00	EQP	8.5/8 Wooden Plug	107.64	107.64
1.00	CEMENTER	Ron Gilley		
1.00	EQUIP OPER	Scott Priddy		
1.00	EQUIP OPER	Justin Bower		

Subtotal	9,969.04
Sales Tax	464.69
Total Invoice Amount	10,433.73
Payment/Credit Applied	
TOTAL	10,433.73

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

~~\$2,991.03~~

ONLY IF PAID ON OR BEFORE
Dec 3, 2012

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