

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

2nd

Operator License # 3532
 Name: CMX, Inc.
 Address: 150 N. Main - Suite 1026
 City/State/Zip: Wichita, Kansas 67202
 Purchaser: _____
 Operator Contact Person: Douglas H. McGinness II
 Phone: (316) 269-9052
 Contractor Name: Duke Drilling Co., Inc.
 License: 5929
 Wellsite Geologist: Douglas H. McGinness II
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Opening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
06-29-00 **07-07-00** **10/1/2000**
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

CONSERVATION DIVISION
Wichita, Kansas

API No. 15 - 007-22621 0000
 County: Barber County, Kansas
NE SW SW Sec. 29 Twp. 34 S. R. 13 East West
1200 feet from S / N (circle one) Line of Section
990 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Garman Well #: 2
 Field Name: Aetna
 Producing Formation: Mississippian
 Elevation: Ground: 1673 Kelly Bushing: 1681
 Total Depth: 4870' Plug Back Total Depth: 4865'
 Amount of Surface Pipe Set and Cemented at 264 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, how depth set _____ Feet
 If Alternative 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 200 bbls
 Dewatering method used hauled off
 Location of fluid disposal if hauled offsite:
 Operator Name: _____
 Lease Name: May SWD License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

I, the undersigned, certify that the 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.
 Signature: [Signature]
 Title: President Date: 11/16/2000

Subscribed and sworn to before me this 16th day of November,
2000
 Notary Public: [Signature]
 Notary Commission Expires: 2/7/2004

DONNA L. MAY
 Notary Public - State of Kansas
 My Appt. Expires 2/7/04

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: CMX, Inc. Lease Name: Garman Well #: 2
 Sec. 29 Twp. 34 S. R. 13 East West County: Barber County, Kansas

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Heebner SH</td> <td>4010</td> <td></td> </tr> <tr> <td>L/KC</td> <td>4196</td> <td>-2515</td> </tr> <tr> <td>Miss Undiff</td> <td>4808</td> <td>-3128</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Heebner SH	4010		L/KC	4196	-2515	Miss Undiff	4808	-3128
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample														
Name	Top	Datum														
Heebner SH	4010															
L/KC	4196	-2515														
Miss Undiff	4808	-3128														

CASING RECORD <input checked="" 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	# Sacs Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	24#	264'	60/40 Poz	170	3%cc 2%gel
Production	7-7/8"	4-1/2"	10.5#	4869'	A-Con	130	2%cc 5#gil/sk

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	4810'-4830'	Acidized w/1500 gal MCA frac w/ 40,000 gal gelled fresh water & 65,000 sand & 315 SCF N ₂	12/20

UBING RECORD	Size <u>2 3/8"</u>	Set At <u>4840</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>10/7/2000</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>2</u>	Gas Mcf <u>250</u>	Water Bbls. <u>10</u>	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	