

ORIGINAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

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: Doug McGinness
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening 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. _____
4-29-04 05-08-04 6/30/04
 Spud Date or Date Reached TD Completion Date or
 Re-completion Date

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AUG 9 2004

KCC WICHITA

API No. 15 - 007-22817-00-00
 County: Barber County, Kansas
SE-SE-NW Sec. 9 Twp. 30 S. R. 14 East West
2310 feet from S / (circle one) Line of Section
2310 feet from E / (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Edwin Lenkner Well #: 1
 Field Name: Wildcat
 Producing Formation: Basal Penn Sand
 Elevation: Ground: 1949' Kelly Bushing: 1960'
 Total Depth: 4650' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 333 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 2430 bbls
 Dewatering method used hauled off
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: MAC 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.

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: 8/4/2004

Subscribed and sworn to before me this 4th day of August, 2004
 Notary Public: [Signature]
 My Commission Expires: 2/7/2008

DONNA L. MAY-MURRAY
 Notary Public, State of Kansas
 My Appt. Expires 2/7/08

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

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 AUG 09 2004
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