

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 3532
Name: CMX, Inc.
Address: 150 N. Main, Suite 1026
City/State/Zip: Wichita, KS 67202
Purchaser: OneOK/Semcrude
Operator Contact Person: Douglas H. McGinness II
Phone: (316) 269-9052
Contractor: Name: Duke Drilling Co., Inc.
License: 5929

Wellsite Geologist: Doug 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: _____

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. _____

8/9/04 8/16/04 9/20/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-22839-0000

County: Barber

NE NE SE SE Sec. 8 Twp. 35 S. R. 13 East West

2310 feet from (S) N (circle one) Line of Section

330 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE (SE) NW SW

Lease Name: Albert Well #: 5

Field Name: Aetna Gas Area

Producing Formation: Mississippi

Elevation: Ground: 1880 Kelly Bushing: 1891

Total Depth: 5110 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 818 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 ALT I WITH
(Data must be collected from the Reserve Pit) 6-5-07

Chloride content _____ ppm Fluid volume 1320 bbls

Dewatering method used Haul off

Location of fluid disposal if hauled offsite: _____

Operator Name: Bemco

Lease Name: Mac License No.: 32613

Quarter NW Sec. 7 Twp. 32 S. R. 11 East West

County: Barber Docket No.: CD-78217

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.

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.

Signature: _____

Title: President Date: 10/12/04

Subscribed and sworn to before me this 12th day of October

20 04

Notary Public: Donna L. May-Murray

Date Commission Expires: 2/7/08

KCC Office Use ONLY

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

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

RECEIVED
JAN 11 2005
KCC WICHITA

OCT 12 2004
CONFIDENTIAL

Operator Name: CMX, Inc. Lease Name: Albert Well #: 5
 Sec. 8 Twp. 35 S. R. 18 East West County: Barber

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 (Attach Additional Sheets) 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 (Submit Copy) List All E. Logs Run: DIL, CD/CN, Micro	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Mississippi Top 4885 Datum <div style="text-align: center;"> KCC OCT 12 2004 CONFIDENTIAL </div>
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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	# Sacks Used	Type and Percent Additives
Surface	12 1/4"	8 5/8"	23	818	65/35 Class A	275	6% gel 3% cc
Production	7 7/8"	4 1/2"	11.6	5109	Class H	150	3% cc 2% gel
						230	10% gip, 10% salt

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				

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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	4895-4920	1000 gallons 15%	
		85,000 lbs 20/40 sand	
		6000 bbls gelled water	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	35	200	50		40

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____