

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: OKKAN/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: Oxy, USA  
Well Name: Sternberger G #1  
Original Comp. Date: 5/3/96 Original Total Depth: 5100'  
 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. \_\_\_\_\_

8/18/04 8/21/04 9/17/04  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 007-22499-00-01  
County: Barber  
E/2 SE NE Sec. 13 Twp. 35 S. R. 14  East  West  
1880 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: Bruce OWWO Well #: 1  
Field Name: Aetna Gas Area

Producing Formation: Mississippi  
Elevation: Ground: 1517 Kelly Bushing: 1528  
Total Depth: 5450 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 453 was set 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) ALT I WHM  
6-5-07  
Chloride content \_\_\_\_\_ ppm Fluid volume 100 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: 2/2/08

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

KCC Office Use ONLY

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

Operator Name: CMX, Inc. Lease Name: Bruce OWWO Well #: 1  
 Sec. 13 Twp. 35 S. R. 14  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 <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: Dual Induction/ Compensated Density Neutron	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Mississippi Top 4825 Datum  <div style="text-align: center;"> <b>KCC</b>  <b>OCT 12 2004</b>  <b>CONFIDENTIAL</b> </div> <div style="text-align: right;"> <b>RECEIVED</b>  <b>JAN 11 2005</b>  <b>KCC WICHITA</b> </div>
---	---

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
existing surface		8 5/8"		453			
Production	7 7/8"	4 1/2"	10.5	5449	Class H	225	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				

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
2	4825-4850	1000 gallons 15% Frac 80,000 lbs 20/40 sand 6000 bbls gelled water	

TUBING RECORD		Size <u>2 3/8"</u> Set At <u>4900</u> Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr. <u>10/1/2004</u>		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. <u>30</u>	Gas Mcf <u>200</u>	Water Bbls. <u>10</u> Gas-Oil Ratio _____ Gravity _____

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

METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled \_\_\_\_\_

Production Interval:  Other (Specify) \_\_\_\_\_