

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL PLUGGING RECORD K.A.R. 82-3-117

RECEIVED KANSAS CORPORATION COMMISSION AUG 26 2008

Form CP-4 December 2003 Type or Print on this Form Form must be Signed All blanks must be Filled CONSERVATION DIVISION WICHITA, KS

Lease Operator: CMX Inc.

Address: 1551 N. Waterfront Pkw, #150, Wichita, KS 67206

Phone: (316) 269-9052 Operator License #: 3532

Type of Well: Oil/Gas Permit 2/3 KCCPT Docket #: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)

The plugging proposal was approved on: 09/14/2008 (Date)

by: Steve Pfeifer (KCC District Agent's Name)

Is ACO-1 filed? Yes No If not, is well log attached? Yes No

Producing Formation(s): List All (If needed attach another sheet) Depth to Top: 3514 Bottom: 3525 T.D. 4645

API Number: 15-007-22792-0000

Lease Name: Krehbiel Nichols

Well Number: 1

Spot Location (QQQQ): Sene Permit 2/3 KCCPT 1980 Feet from North South Section Line

660 Feet from East West Section Line

Sec. 24 Twp. 32 S. R. 12 East West

County: Barber

Date Well Completed:

Plugging Commenced: 08/21/2008

Plugging Completed: 08/22/2008

Show depth and thickness of all water, oil and gas formations.

Table with columns: Oil, Gas or Water Records (Formation, Content) and Casing Record (Surface Conductor & Production) (From, To, Size, Put In, Pulled Out)

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole.

Set CIBP at 3457, 2 sacks cement, cut casing at 2400', lay down tubing in to 600' spot 10 sacks gel, 50 sacks cement, come up to 370, 75 sacks cement, come up to 60', 30 sacks cement, 60/40 POZ 4% gel, measured 8/25 - 4" down from surface, back fill cellar, plug 8/22 by Steve Pfeifer

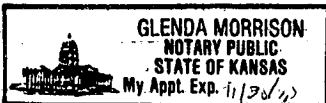
Name of Plugging Contractor: CLARKE CORPORATION License #: 5105

Address: P.O. Box 187, Medicine Lodge, KS 67104

Name of Party Responsible for Plugging Fees: CMX

State of Kansas County, Barber, ss.

Mark Morgenstern (Employee of Operator) or (Operator) on above-described well, being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.



(Signature) Mark Morgenstern

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED and SWORN TO before me this 25 day of August, 20 08

Notary Public My Commission Expires: 11/20/10

Handwritten initials 'APF'