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

Type or Print on this

GRECORD
Form must be 3

All blanks must be

Form CP-4
December 2003
Type or Print on this Form
Form must be Signed
All blanks must be Filled

Lease Operator: CMX InC					API Number: 15 - 007-22586-0000		
Address: 1551 N. Waterfront Pkw, #150, Wichita, KS 67206					Lease Name:		
Phone: (316) 269 -9052 Operator License #: 3532					Well Number: #2		
Type of Well: (Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) The plugging proposal was approved on: 2/17/09 (KCC District Agent's Name)					Spot Location (QQQQ):		
Is ACO-1 filed? Yes No If not, is well log attached? Yes No					Sec Twp	S. R. 17	East ✓ West
Producing Formation(s): List All (If needed attach another sheet)					County: Barber Date Well Completed:		
Depth to Top: 3979 Bottom: 4004 T.D. 5300					Plugging Commenced: 02/17/2009		
Depth to Top: Bottom: T.D Depth to Top: Bottom: T.D				Plugging Completed: 02/20/2009			
	Depth to top:	BOILO	m:	1.D			
Show depth and thickness	ss of all water, oil and	gas formations.					
					Surface Conductor & Production)		
Formation	Content	From	То 329	Size 8 5/8	9ut In 329	Pulled Out None	
			4156	4 1/2	4156	2150	
							· · · · · · · · · · · · · · · · · · ·
Describe in detail the ma hole. If cement or other CIBP 3920', 2 sx ceme 3/3 - Measure in, 8	plugs were used, state ent - 600', 10sx gel, 5	the character of 0 sx 60/40 POZ	same depth p 4% gel - 360	placed from (botto	om), to (top) for each of 60', 20 sx cement		introducing it into the
							RECEIVED
					License #: 510)5	MAR 1 1 2009
Address: P.O. Box 18	7, Medicine Lodg	e. KS 67104					KP MIPHT
Name of Party Responsit	ole for Plugging Fees:	CMX					NCC WICHIT
State of Kansas	County	Barber		, ss.			
Mark Morgenstern				(Employee of	Operator) or (Operato	r) on above-describe	d well, being first duly
I 🙉 NO	DA MORRISON	(Signature)_	Mc		rugenst	e above-described we	
My Appt.	TE OF KANSAS Exp. 11/3/16 SUBSCRIBED ar	nd SWORN TO be					, 20 09
		Notary Pu			Commission Expires:	11/30/1	<u>. </u>