

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

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

Lease Operator: CMX Inc
Address: 1551 N. Waterfront Pkw, #150, Wichita, KS 67206
Phone: (316) 269-9052 Operator License #: 3532
Type of Well: Gas Docket #: _____
(Oil, Gas D&A, SWD, ENHR, Water Supply Well, Cathodic, Other) (If SWD or ENHR)
The plugging proposal was approved on: 2/12/09 (Date)
by: Jerry Stapleton (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: 2936 Bottom: 3375 T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15 - 007-22870-000
Lease Name: Conners Trust
Well Number: 1
Spot Location (QQQQ): C - NE - SE - KCC PRT per CP243
1980 Feet from North / South Section Line
660 Feet from East / West Section Line
Sec. 9 Twp. 30 S. R. 11 East West
County: Barber
Date Well Completed: 5/11/05
Plugging Commenced: 2/12/09
Plugging Completed: 2/17/2009

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

Oil, Gas or Water Records		Casing Record (Surface Conductor & Production)				
Formation	Content	From	To	Size	Put In	Pulled Out
				8 5/8	335	None
				4 1/2	3928	2050

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. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

CIBP at 2880, 2 sacks cement with dump bailer, 15 sacks gel, 100 hulls, 50 sacks cement, 360', 100 hulls, 50 sacks cement, 60' 20 sacks
3/10 - measure in 60' down, fill surface top with 2 sacks cement

Name of Plugging Contractor: CLARKE CORPORATION License #: 5105
Address: 107 W. Fowler, P.O. Box 187, Medicine Lodge, KS 67104
Name of Party Responsible for Plugging Fees: CMX Inc.
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) 107 W. Fowler, Medicine Lodge, KS 67104

SUBSCRIBED and SWORN TO before me this 13 day of March, 20 09
Glenda Morrison My Commission Expires: 11/30/11
Notary Public

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED
MAR 17 2009
KCC WICHITA

PRT