

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: 2/20/09 (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: 2700 Bottom: 4754 T.D. 5020
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API Number: 15-007-22365-0000
 Lease Name: Bouziden
 Well Number: #1
 Spot Location (QQQQ): _____ - S-E-S-E
660 Feet from North / South Section Line
660 Feet from East / West Section Line
 Sec. 13 Twp. 34 S. R. 14 East West
 County: Barber
 Date Well Completed: _____
 Plugging Commenced: 02/20/2009
 Plugging Completed: 02/25/2009

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
			346	8 5/8	346	None
			5019	4 1/2	5019	1000

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 2650', 2 sacks cement, 630', 15 sacks gel, 50 sacks 60/40 poz, 4% gel, - 390', 50 sacks - 60', 20 sacks.

3/3 - Measure in, 80' fill to 10', 2 sacks cement, fill cellar

RECEIVED

Name of Plugging Contractor: CLARKE CORPORATION License #: 5105

MAR 11 2009

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

KCC WICHITA

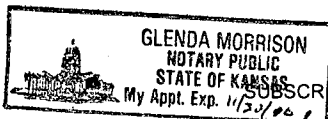
Name of Party Responsible for Plugging Fees: CMX

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 6 day of March, 20 09
Glenda Morrison My Commission Expires: 11/30/10
 Notary Public