

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3532

Name: CMX, Inc.

Address 1: 1551 N. Waterfront Parkway, Suite 150

Address 2: _____

City: Wichita State: KS Zip: 67206 + _____

Contact Person: Douglas H. McGinness II

Phone: (316) 269-9052

CONTRACTOR: License # 5822

Name: Val Energy, Inc.

Wellsite Geologist: _____

Purchaser: Coffeyville Resources/Atlas Gas

Designate Type of Completion:

____ New Well Re-Entry _____ Workover

Oil _____ SWD _____ SIOW

Gas _____ ENHR _____ SIGW

____ CM (Coal Bed Methane) _____ Temp. Abd.

____ Dry _____ Other _____

(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: Quintin Little

Well Name: Wolff #1

Original Comp. Date: 3/13/1970 Original Total Depth: 5460

Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD

____ Plug Back: _____ Plug Back Total Depth

____ Commingled _____ Docket No.: _____

____ Dual Completion _____ Docket No.: _____

____ Other (SWD or Enhr.?) _____ Docket No.: _____

8/22/2008 8/25/2008 6/1/2009

Spud Date or _____ Date Reached TD _____ Completion Date or _____
Recompletion Date _____ Recompletion Date _____

API No. 15 - 191-20187-0001

Spot Description: _____

SE -SE -SW - _____ Sec. 18 Twp. 35 S. R. 4 East West

330 Feet from North / South Line of Section

2310' Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Sumner

Lease Name: Hyena OWWO Well #: 1980'

Field Name: Wildcat

Producing Formation: Mississippi

Elevation: Ground: 1247 Kelly Bushing: _____

Total Depth: 5462 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 259 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 owwo-- AH I NR
(Data must be collected from the Reserve Pit) 10-5-09

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

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: 9/23/2009

Subscribed and sworn to before me this 23rd day of September

20 09

Notary Public: Donna L. May-Murray

Date Commission Expires: 2/7/2012

DONNA L. MAY-MURRAY
Notary Public
My Ap. Expires: 2/7/2012

KCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes Date: _____ **RECEIVED**
 Wireline Log Received **KANSAS CORPORATION COMMISSION**
 Geologist Report Received **SEP 28 2009**
 UIC Distribution

**CONSERVATION DIVISION
WICHITA, KS**

Operator Name: CMX, Inc. Lease Name: Hyena OWWO Well #: 1980'
 Sec. 18 Twp. 35 S. R. 4 East West County: Sumner

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3180</td> <td>-1933</td> </tr> <tr> <td>KC</td> <td>4152</td> <td>-2905</td> </tr> <tr> <td>Cherokee</td> <td>4460</td> <td>-3213</td> </tr> <tr> <td>Mississippi</td> <td>4678</td> <td>-3431</td> </tr> <tr> <td>Arbuckle</td> <td>5420</td> <td>-4173</td> </tr> </table>	Name	Top	Datum	Heebner	3180	-1933	KC	4152	-2905	Cherokee	4460	-3213	Mississippi	4678	-3431	Arbuckle	5420	-4173
Name	Top	Datum																	
Heebner	3180	-1933																	
KC	4152	-2905																	
Cherokee	4460	-3213																	
Mississippi	4678	-3431																	
Arbuckle	5420	-4173																	

CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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
Surface		8 5/8		259	already set		
Production	7 7/8	5 1/2	15.5#	5462	Class A	200	3% cc 2% gel

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
1	5058-5060, 5034-5042, 4961-4974, 4918-4942, 4909-12, 4890-4896	2000 gals 15% MCA	
		83,000 # 20/40 sand + 6000# rock salt	
		RECEIVED	
		KANSAS CORPORATION COMMISSION	
		SEP 28 2009	

TUBING RECORD:	Size: <u>2 7/8"</u>	Set At: <u>4774</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	CONSERVATION DIVISION WICHITA, KS
Date of First, Resumed Production, SWD or Enhr.		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>35</u>	Gas Mcf <u>200</u>	Water Bbls. <u>250</u>	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906

Voice: (785) 483-3887
Fax: (785) 483-5566

INVOICE

Invoice Number: 115754

Invoice Date: Aug 24, 2008

Page: 1

Bill To:
CMX, Inc.
1551 N. Waterfront PKW STE #15
Wichita, KS 67206

Customer ID	Well Name # or Customer P.O.	Payment Terms	
CMX	Hyena OWWO #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Medicine Lodge	Aug 24, 2008	9/23/08

Quantity	Item	Description	Unit Price	Amount
200.00	MAT	Class H Premium	16.75	3,350.00
19.00	MAT	Gyp Seal	29.20	554.80
22.00	MAT	Salt	12.00	264.00
13.00	MAT	Cla Pro	31.25	406.25
94.00	MAT	FL-160	13.30	1,250.20
1,000.00	MAT	Mud Clean	1.27	1,270.00
1,000.00	MAT	Kol Seal	0.89	890.00
263.00	SER	Handling	2.40	631.20
60.00	SER	Mileage 263 sx @ .10 per sk per mi	26.30	1,578.00
1.00	SER	Wash Down, Production	2,295.00	2,295.00
60.00	SER	Mileage Pump Truck	7.00	420.00
1.00	SER	Head Rental	113.00	113.00
1.00	EQP	AFU Float Shoe	529.00	529.00
1.00	EQP	Latch Down Plug	462.00	462.00
7.00	EQP	Turbolizers	79.00	553.00
2.00	EQP	Baskets	186.00	372.00

RECEIVED
KANSAS CORPORATION COMMISSION

SEP 28 2009

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 14,938.57

ONLY IF PAID ON OR BEFORE

Sep 23 2008

Subtotal	CONSERVATION DIVISION	14,938.45
Sales Tax	WICHITA, KS	941.12
Total Invoice Amount		15,879.57
Payment/Credit Applied		
TOTAL		15,879.57

ALLIED CEMENTING CO., LLC. 34247

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Medicine Lodge, KS

DATE <i>8-24-08</i>	SEC. <i>18</i>	TWP. <i>35S</i>	RANGE <i>4W</i>	CALLED OUT <i>2:30 PM</i>	ON LOCATION <i>3:30 PM</i>	JOB START <i>11:45 PM</i>	JOB FINISH <i>1:00 AM</i>
LEASE <i>Hyena 0wwo'</i>		WELL # <i>1</i>	LOCATION <i>Buff City, KS, 1 1/2 S, 3E, 3 1/2 S, 1 1/4 E,</i>		COUNTY <i>Sumner</i>	STATE <i>KS.</i>	
<input checked="" type="radio"/> OLD OR NEW (Circle one)			N F N T O				

CONTRACTOR *VAI #3*

TYPE OF JOB *Wash Down, Production*

HOLE SIZE *7 7/8"* T.D. *5,460'*

CASING SIZE *5 1/2"* DEPTH *5,464'*

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX *2000* MINIMUM *100*

MEAS. LINE _____ SHOE JOINT *35.61'*

CEMENT LEFT IN CSG. *35.61'*

PERFS. _____

DISPLACEMENT *130 1/2 Bbl 2% KCL Water*

OWNER *CMX, INC.*

CEMENT

AMOUNT ORDERED *200SK class H + 10% Gyp + 10% SALT + 5# Kol-Seal/SK + 5% FL-160, 13 GAL CHG, 1000 GAL. Mud Clean*

COMMON _____ @ _____		
POZMIX _____ @ _____		
GEL _____ @ _____		
CHLORIDE _____ @ _____		
ASC _____ @ _____		
<i>200 H</i> @ <i>16.75</i>	<i>3350.00</i>	
<i>Gyp seal 19</i> @ <i>29.20</i>	<i>554.80</i>	
<i>Salt 22</i> @ <i>12.00</i>	<i>264.00</i>	
<i>cla pro 13 gal.</i> @ <i>31.25</i>	<i>406.25</i>	
<i>FL-160 94 #</i> @ <i>13.30</i>	<i>1250.20</i>	
<i>Mud Clean 1000 #</i> @ <i>1.27</i>	<i>1270.00</i>	
<i>Kol Seal 1000 #</i> @ <i>.89</i>	<i>890.00</i>	
HANDLING <i>263</i> @ <i>2.40</i>	<i>631.20</i>	
MILEAGE <i>60 x 263 x .10</i>	<i>1578.00</i>	
TOTAL		<i>10194.45</i>

EQUIPMENT

PUMP TRUCK CEMENTER *Thomas DeMorrow*

360 HELPER *Gary K.*

BULK TRUCK

364 DRIVER *Matt T., Larry F. Jr.*

BULK TRUCK

_____ DRIVER _____

REMARKS:

Pipe on Bottom, Break circulation, Pump Pre-Flush - 3 Bbl Fresh, 1,000 GAL mud clean, 3 Bbl Fresh, Plug Rat + mouse w/ 25 SK class H + 10% Gyp + 10% SALT + 5# Kol-Seal/SK + 5% FL-160, stop pumps wash pump + lines, release plug, start displacement, see lift, slow rate, bump plug, float held. Displaced w/ 130 1/2 Bbl 2% KCL water. Thank you

SERVICE

DEPTH OF JOB <i>5,464'</i>		
PUMP TRUCK CHARGE		<i>2295.00</i>
EXTRA FOOTAGE _____ @ _____		
MILEAGE <i>60</i> @ <i>7.00</i>		<i>420.00</i>
MANIFOLD _____ @ _____		
<i>Head Rental 1</i> @ <i>113.00</i>		<i>113.00</i>
TOTAL		<i>2828.00</i>

CHARGE TO: *CMX, INC.*

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<i>AFV Float Shoe 1</i>	@ <i>529.00</i>	<i>529.00</i>
<i>Latch Down Plug 1</i>	@ <i>462.00</i>	<i>462.00</i>
<i>Turbalizers 7</i>	@ <i>79.00</i>	<i>553.00</i>
<i>Baskets 2</i>	@ <i>186.00</i>	<i>372.00</i>
TOTAL		<i>1916.00</i>

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *X Preston Drieling*

SIGNATURE *X P. Drieling*

SALES TAX (If Any) _____

TOTAL CHARGES ~~10194.45~~

DISCOUNT ~~10194.45~~ IF PAID IN 30 DAYS

**ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING**