

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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 # 33575
Name: WW Drilling, LLC
Wellsite Geologist: Ken LeBlanc
Purchaser: Coffeyville Resources
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: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
_____ 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.: _____
7/9/2008 7/16/2008 1/1/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 195-22556-0000
Spot Description: _____
NE SE NW SW Sec. 18 Twp. 12 S. R. 21 East West
1972 Feet from North / South Line of Section
1190 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Trego
Lease Name: Dorzweiler Well #: 1
Field Name: Wildcat
Producing Formation: Lansing
Elevation: Ground: 2273 Kelly Bushing: 2278
Total Depth: 4030 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 217 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 AH II NUR 10-5-09
(Data must be collected from the Reserve Pit)
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: 9/14/2009
Subscribed and sworn to before me this 14th day of September,
20 09.
Notary Public: Donna L. May-Murray
Date Commission Expires: 2/7/2012

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received

UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
SEP 28 2009
CONSERVATION DIVISION
WICHITA, KS

DONNA L. MAY-MURRAY
Notary Public - State of Kansas
My Appt. Expires 2/7/2012

Operator Name: CMX, Inc. Lease Name: Dorzweiler Well #: 1
 Sec. 18 Twp. 12 S. R. 21 East West County: Trego

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: DIL, CDNL <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Heebner Shale</td> <td>3546</td> <td>-1268</td> </tr> <tr> <td>Lansing</td> <td>3583</td> <td>-1305</td> </tr> <tr> <td>BKC</td> <td>3812</td> <td>-1534</td> </tr> <tr> <td>Marmaton</td> <td>3896</td> <td>-1618</td> </tr> <tr> <td>Conglomerate</td> <td>3950</td> <td>-1672</td> </tr> <tr> <td>Arbuckle</td> <td>3970</td> <td>-1692</td> </tr> </table>	Name	Top	Datum	Heebner Shale	3546	-1268	Lansing	3583	-1305	BKC	3812	-1534	Marmaton	3896	-1618	Conglomerate	3950	-1672	Arbuckle	3970	-1692
Name	Top	Datum																				
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Marmaton	3896	-1618																				
Conglomerate	3950	-1672																				
Arbuckle	3970	-1692																				

CASING RECORD <input checked="" type="checkbox"/> New <input 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	12 1/4	8 5/8	23#	217	Class A	150	3% cc 2% gel
Production	7 7/8	5 1/2	15.5#	4018	ASC	165	10% salt, 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				
				RECEIVED KANSAS CORPORATION COMMISSION SEP 28 2009

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, or Seal Record (Amount and Kind of Material Used)	Depth
	3900--CIBP		
	3496--Port Collar	250 sx Pozmix	3496
4	3736-3745	250 gal MCA & 750 gals DSFe	
4	3656-3660	250 gals MCA	
4	3622-3625	250 gals MCA	

TUBING RECORD: Size: <u>2 7/8"</u> Set At: <u>3500</u> Packer At: <u> </u> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>1/1/2009</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <u> </u>
Estimated Production Per 24 Hours	Oil <u>15</u> Bbls. Gas <u> </u> Mcf Water <u>12</u> Bbls. Gas-Oil Ratio <u> </u> Gravity <u> </u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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) <u> </u>	PRODUCTION INTERVAL: <u> </u> <u> </u>
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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: 116269
 Invoice Date: Sep 26, 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	DoezweilerFamT#1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2	Oakley	Sep 26, 2008	10/26/08

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	13.50	2,025.00
100.00	MAT	Pozmix	7.55	755.00
13.00	MAT	Gel	20.80	270.40
63.00	MAT	Flo Seal	2.50	157.50
425.00	SER	Handling	2.40	1,020.00
50.00	SER	Mileage 425 sx @ .10 per sk per mi	42.50	2,125.00
1.00	SER	Port Collar	1,185.00	1,185.00
50.00	SER	Mileage Pump Truck	7.00	350.00

RECEIVED
 KANSAS CORPORATION COMMISSION
 SEP 28 2009
 CONSERVATION DIVISION
 WICHITA, KS

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

\$ 788.79

ONLY IF PAID ON OR BEFORE

Oct 26, 2008

Subtotal	7,887.90
Sales Tax	186.06
Total Invoice Amount	8,073.96
Payment/Credit Applied	
TOTAL	8,073.96

ALLIED CEMENTING CO., LLC. 043781

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

SERVICE POINT:
DAKLEY

DATE <u>9-26-08</u>	SEC. <u>18</u>	TWP. <u>12S</u>	RANGE <u>21W</u>	CALLED OUT	ON LOCATION <u>3:00 PM</u>	JOB START <u>6:30 AM</u>	JOB FINISH <u>7:30 PM</u>
LEASE FROM <u>DOEZWEDER TRUST</u>				WELL # <u>1</u>	LOCATION <u>RIGA + I-70 2 1/2 N- 2 1/2 W- N IN</u>	COUNTY <u>TREGO</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> (NEW) (Circle one)							

CONTRACTOR POE SERVICING, INC. OWNER SAME

TYPE OF JOB PORT COLLAR

HOLE SIZE _____ T.D. _____

CASING SIZE 5 1/2" DEPTH _____

TUBING SIZE 2 7/8" DEPTH 2970

DRILL PIPE _____ DEPTH _____

TOOL PORT COLLAR DEPTH 1724'

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT

AMOUNT ORDERED

400 SKS 60/40 POZ 6% GEL 1/4" FLO-SEAL

Used 250 SKS 60/40 POZ 6% GEL 1/4" FLO-SEAL

COMMON	<u>150 SKS</u>	@	<u>13.50</u>	<u>2025.00</u>
POZMIX	<u>100 SKS</u>	@	<u>7.55</u>	<u>755.00</u>
GEL	<u>13 SKS</u>	@	<u>20.80</u>	<u>270.40</u>
CHLORIDE		@		
ASC		@		

EQUIPMENT

PUMP TRUCK CEMENTER TERRY

366 HELPER WALT

BULK TRUCK

473 DRIVER NEAL + CHAD

BULK TRUCK

_____ DRIVER _____

BRIDGE PLUG 3496'

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SEP 28 2009
CONSERVATION DIVISION
TOPEKA, KS

	<u>63#</u>	@	<u>2.50</u>	<u>157.50</u>
HANDLING	<u>425 SKS</u>	@	<u>2.40</u>	<u>1020.00</u>
MILEAGE	<u>10¢ PER SK / MILE</u>			<u>2125.00</u>
TOTAL				<u>6352.90</u>

REMARKS:

Test plug to 1500 PSI. SPOT 25 SKS SAND AT 2970. WASH 30 MIN. FEND PORT COLLAR + OPEN + PUMPED 100 BALS MUD. MAX 250 SKS 60/40 POZ 6% GEL 1/4" FLO-SEAL + DISPLACED 9 BALS WATER. CLOSE PORT COLLAR PRESSURE TO 1500 PSI. RUN 2 JTS REVERSE OUT. RUN TUBING DOWN TO PLUG. WASH SAND OFF OF PLUG

THANK YOU

CHARGE TO: CMX, INC.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>2970'</u>			
PUMP TRUCK CHARGE				<u>1185.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>50 MI</u>	@	<u>7.00</u>	<u>350.00</u>
MANIFOLD		@		
TOTAL				<u>1535.00</u>

PLUG & FLOAT EQUIPMENT

	@			
	@			
	@			
	@			
	@			
TOTAL				

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 _____

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



INVOICE

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906
Voice: (785) 483-3887
Fax: (785) 483-5566

Invoice Number: 114953
Invoice Date: Jul 9, 2008
Page: 1

Bill To:
CMX, Inc. 1551 N. Waterfront PKW STE #150 Wichita, KS 67206

Customer ID	Well Name# or Customer P.O.	Payment Terms	
CMX	Dorzwieler Trust #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2	Russell	Jul 9, 2008	8/8/08

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	13.50	2,025.00
3.00	MAT	Gel	20.25	60.75
5.00	MAT	Chloride	51.50	257.50
158.00	SER	Handling	2.25	355.50
42.00	SER	Mileage 158 sx @ .10 per sk per mi	15.80	663.60
1.00	SER	Cement Surface	991.00	991.00
42.00	SER	Mileage Pump Truck	7.50	315.00
1.00	EQP	Wooden Plug	66.00	66.00

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KANSAS CORPORATION COMMISSION

SEP 28 2009

CONSERVATION DIVISION
WICHITA, KS

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

\$ 473.43

ONLY IF PAID ON OR BEFORE

Aug 8, 2008

Subtotal	4,734.35
Sales Tax	139.74
Total Invoice Amount	4,874.09
Payment/Credit Applied	
TOTAL	4,874.09



ALLIED

CEMENTING CO., LLC
Cementing & Acidizing Services

INVOICE

24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906
Voice: (785) 483-3887
Fax: (785) 483-5566

Invoice Number: 115148
Invoice Date: Jul 17, 2008
Page: 1

Bill To:
CMX, Inc.
1551 N. Waterfront PKW
STE #150
Wichita, KS 67206

RECEIVED
KANSAS CORPORATION

SEP 28 2009

CONSERVATION DIVISION
WICHITA, KS

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
CMX	Dorzweiler Trust #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2	Russell	Jul 17, 2008	8/16/08

Quantity	Item	Description	Unit Price	Amount
3.00	MAT	Gel	20.25	60.75
165.00	MAT	ASC Class A	16.70	2,755.50
15.00	MAT	Salt	21.25	318.75
500.00	MAT	WFR-2	1.10	550.00
183.00	SER	Handling	2.25	411.75
42.00	SER	Mileage 183 sx @ .10 per sk per mi	18.30	768.60
1.00	SER	Production String	1,957.00	1,957.00
42.00	SER	Mileage Pump Truck	7.50	315.00
1.00	EQP	Top Rubber Plug	71.00	71.00
1.00	EQP	Guide Shoe	186.00	186.00
1.00	EQP	AFU Insert	285.00	285.00
8.00	EQP	Centralizers	55.00	440.00
2.00	EQP	Basket	181.00	362.00
1.00	EQP	Port Collar	1,917.00	1,917.00

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

\$ 1039.83

ONLY IF PAID ON OR BEFORE

Aug 16, 2008

Subtotal	10,398.35
Sales Tax	402.87
Total Invoice Amount	10,801.22
Payment/Credit Applied	
TOTAL	10,801.22

