

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 # 30606
Name: Murfin Drilling Company, Inc.
Wellsite Geologist: Douglas H. McGinness
Purchaser: NA
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover
_____ Oil _____ SWD _____ SLOW
_____ 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.: _____
9/18/2008 9/25/2008 NA 9/25/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-23307-0000
Spot Description: _____
SW SE NE SE Sec. 25 Twp. 30 S. R. 12 East West
1590 Feet from North / South Line of Section
437 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Thom Well #: 1-25
Field Name: Wildcat
Producing Formation: NA
Elevation: Ground: 1760 Kelly Bushing: 1771
Total Depth: 3900 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 310 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 P+A 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-1 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: 9/10/2009
Subscribed and sworn to before me this 10th 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

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SEP 17 2009

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

CONSERVATION DIVISION
WICHITA, KS

Operator Name: CMX, Inc. Lease Name: Thom Well #: 1-25
 Sec. 25 Twp. 30 S. R. 12 East West County: Barber

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 type="checkbox"/> Yes <input checked="" 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, CNDL <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:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Chase</td> <td>1964</td> <td>-193</td> </tr> <tr> <td>Stotler</td> <td>12940</td> <td>-1169</td> </tr> <tr> <td>Topeka</td> <td>3439</td> <td>-1668</td> </tr> <tr> <td>Heebner Shale</td> <td>3665</td> <td>-1895</td> </tr> <tr> <td>Lansing</td> <td>3879</td> <td>-2108</td> </tr> </table>	Name	Top	Datum	Chase	1964	-193	Stotler	12940	-1169	Topeka	3439	-1668	Heebner Shale	3665	-1895	Lansing	3879	-2108
Name	Top	Datum																	
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Topeka	3439	-1668																	
Heebner Shale	3665	-1895																	
Lansing	3879	-2108																	

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#	310	60/40 Poz	225	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>
		RECEIVED KANSAS CORPORATION COMMISSION SEP 17 2009 CONSERVATION DIVISION WICHITA, KS

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

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 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: 116158
 Invoice Date: Sep 19, 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	Thom #1-25	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Great Bend	Sep 19, 2008	10/19/08

Quantity	Item	Description	Unit Price	Amount
135.00	MAT	Class A Common	15.45	2,085.75
90.00	MAT	Pozmix	8.00	720.00
5.00	MAT	Gel	20.80	104.00
7.00	MAT	Chloride	58.20	407.40
237.00	SER	Handling	2.40	568.80
14.00	SER	Mileage 237 sx @ .10 per sk per mi	23.70	331.80
1.00	SER	Surface	1,018.00	1,018.00
13.00	SER	Extra Footage	0.85	11.05
14.00	SER	Mileage Pump Truck	7.50	105.00
1.00	SER	Head Rental	113.00	113.00
1.00	EQP	Wooden Plug	68.00	68.00

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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

\$ 5,332.80

ONLY IF PAID ON OR BEFORE

Oct 19, 2008

Subtotal	5,532.80
Sales Tax	213.26
Total Invoice Amount	5,746.06
Payment/Credit Applied	
TOTAL	5,746.06

ALLIED CEMENTING CO., LLC. 32942

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

SERVICE POINT: Great Bend
Madison, Ks

DATE 9-19-08 SEC. 25 TWP. 30 RANGE 12 CALLED OUT 1:00 AM ON LOCATION 2:30 AM JOB START 9:30 AM JOB FINISH 10:00 AM
LEASE Thom WELL# 1-25 LOCATION Isabell, Ks 1E to BLKTOP, 4S, Barber COUNTY Barber STATE Ks
OLD OR NEW (Circle one) Location 1/2 W to T, 1/4 S, W-SW by fence to

CONTRACTOR Murfin #2 OWNER CmX

TYPE OF JOB Surface CEMENT
HOLE SIZE 12 1/4" T.D. 313' AMOUNT ORDERED 225 SX 60/40 3%CC
CASING SIZE 8 5/8" DEPTH 313' 2% Gel
TUBING SIZE _____ DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____

PRES. MAX 200# MINIMUM 0 COMMON 135 SX @ 15.45 2,085.75
MEAS. LINE _____ SHOE JOINT 15' POZMIX 90 SX @ 8.00 720.00
CEMENT LEFT IN CSG. 15' GEL 5 SX @ 20.80 104.00
PERFS. _____ CHLORIDE 7 SX @ 58.26 407.40
DISPLACEMENT 18.98 BBLs of Water ASC _____ @ _____

EQUIPMENT
PUMP TRUCK CEMENTER Rick H.
366 HELPER Alvin R.
BULK TRUCK
482-112 DRIVER Jeff W.
BULK TRUCK
_____ DRIVER _____

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SEP 17 2009		
CONSERVATION DIVISION		
WICHITA, KS		
HANDLING	<u>237 SX</u>	@ <u>2.40</u> <u>568.80</u>
MILEAGE	<u>237 X 14 X .10</u>	<u>331.80</u>
TOTAL		<u>4,217.75</u>

REMARKS:

pipe on bottom, break Circulation, mixed
225 sx 60/40 3% CC, 2% Gel, shut down
Released plug and displaced with 18.98 BBLs
of water and shut in.
Cement did Circulate.

SERVICE

DEPTH OF JOB	<u>313'</u>	
PUMP TRUCK CHARGE		<u>1018.00</u>
EXTRA FOOTAGE	<u>13 Ft</u>	@ <u>.85</u> <u>11.05</u>
MILEAGE	<u>14</u>	@ <u>7.50</u> <u>105.00</u>
MANIFOLD		@ _____
<u>Head Rent</u>		@ <u>113.00</u> <u>113.00</u>
TOTAL		<u>1,247.05</u>

CHARGE TO: CmX
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>1-Wooden plug</u>	@ <u>68.00</u>	<u>68.00</u>
	@ _____	
	@ _____	
	@ _____	
	@ _____	
TOTAL		<u>68.00</u>

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.

SALES TAX (If Any) _____
TOTAL CHARGES _____
DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

PRINTED NAME X Jeremy Stuckey
SIGNATURE X [Signature]



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

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

INVOICE

Invoice Number: 116259

Invoice Date: Sep 25, 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	Thom #1-25	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Great Bend	Sep 25, 2008	10/25/08

Quantity	Item	Description	Unit Price	Amount
87.00	MAT	Class A Common	15.45	1,344.15
58.00	MAT	Pozmix	8.00	464.00
6.00	MAT	Gel	20.80	124.80
151.00	SER	Handling	2.40	362.40
1.00	SER	Minimum Handling Mileage Charge	312.00	312.00
1.00	SER	Rotary Plug	1,017.00	1,017.00
14.00	SER	Mileage Pump Truck	7.50	105.00

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 KANSAS CORPORATION COMMISSION
 SEP 17 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

\$ 372.93

ONLY IF PAID ON OR BEFORE

Oct 25, 2008

Subtotal	3,729.35
Sales Tax	234.95
Total Invoice Amount	3,964.30
Payment/Credit Applied	
TOTAL	3,964.30

ALLIED CEMENTING CO., LLC. 33309

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

SERVICE POINT:

*Medicine Lodge
Sweet Bend*

DATE <u>9-23-08</u>	SEC. <u>25</u>	TWP. <u>30s</u>	RANGE <u>12w</u>	CALLED OUT <u>10:00 AM</u>	ON LOCATION <u>12:00 pm</u>	JOB START <u>1:30pm</u>	JOB FINISH <u>2:30pm</u>
LEASE <u>Them</u>		WELL # <u>1-25</u>		LOCATION <u>4 1/2 Hwy & Isabel Rd, 4s, 1/2w,</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>4s, w/into</u>				

CONTRACTOR Murfin

TYPE OF JOB Rotary Plug

HOLE SIZE 7 1/8 I.D. 690'

CASING SIZE 8 3/8 DEPTH 305'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT Fresh Water

EQUIPMENT

OWNER CMX

CEMENT AMOUNT ORDERED 1455, 690, 4% gel

PUMP TRUCK CEMENTER Tyler, Tim, David, ~~Kevin~~

447 HELPER Alvin, Kevin

BULK TRUCK DRIVER Adam

389

BULK TRUCK DRIVER _____

COMMON	<u>87</u>	@	<u>15.45</u>	<u>1344.15</u>
POZMIX	<u>58</u>	@	<u>8.00</u>	<u>464.00</u>
GEL	<u>6</u>	@	<u>20.80</u>	<u>124.80</u>
CHLORIDE		@		
ASC		@		

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SEP 17 2009

CONSERVATION DEVISION
WICHITA, KS

HANDLING	<u>151</u>	@	<u>2.40</u>	<u>362.40</u>
MILEAGE	<u>151 x 14 x 10</u>	Min.		<u>312.00</u>
				TOTAL <u>2407.35</u>

REMARKS:

- 505x@ 690'
- 505x@ 330'
- 205x@ 60'
- 155x@ R.H.
- 105x@ M.H.

SERVICE

DEPTH OF JOB	<u>690'</u>		
PUMP TRUCK CHARGE			<u>1012.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>14</u>	@	<u>7.50</u> <u>105.00</u>
MANIFOLD		@	
		@	
		@	

TOTAL 1122.00

CHARGE TO: CMX

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS _____

Thank you.

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 Jeremy Stuckey

SIGNATURE X 