

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

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

API No. 15 - 00720328-0000 0002
If pre 1967, supply original completion date: 5/15/1975
Spot Description: _____
NE-NE-NE Sec. 13 Twp. 35 S. R. 15 East West
330 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Davis Ranch Well #: F-1

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8 Set at: 844 Cemented with: 400 Sacks
Production Casing Size: 4 1/2 Set at: 4952 Cemented with: 125 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Oswego---4694-4699

Elevation: 1519 (G.L. / K.B.) T.D.: 4967 PBTD: 4748 Anhydrite Depth: _____
(Store Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 09 2009

Is Well Log attached to this application? Yes No Is ACO-1 filed? Yes No

If ACO-1 not filed, explain why:

CONSERVATION DIVISION
WICHITA, KS

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Mark Morgenstern

Address: PO Box 187 City: Medicine Lodge State: KS Zip: 67104 + _____

Phone: (620) 886-5665

Plugging Contractor License #: 5105 Name: Clarke Corp.

Address 1: PO Box 187 Address 2: _____

City: Medicine Lodge State: KS Zip: 67104 + _____

Phone: (620) 886-5665

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: 11/6/2009 Authorized Operator / Agent: [Signature]
(Signature)

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

DIS + 1
[Handwritten initials]



CORPORATION COMMISSION

Mark Parkinson, Governor Thomas E. Wright, Chairman Michael C. Moffet, Commissioner Joseph F. Harkins, Commissioner

NOTICE OF RECEIPT OF WELL PLUGGING APPLICATION (CP-1)

CMX, INC.
1551 N WATERFRONT PKWY STE 150
WICHITA, KS 67206-4468

November 17, 2009

Re: DAVIS RANCH #1-F
API 15-007-20328-00-00
13-35S-15W, 4950 FSL 330 FEL
BARBER COUNTY, KANSAS

Dear Operator:

This letter is to notify you that the Conservation Division has received your plugging proposal, form CP-1, for the above well and has reviewed the proposal for completeness. The central office will now forward your CP-1 to the district office listed below for review of the proposed plugging method. **Please contact the district office for approval of your proposed plugging method at least five (5) days before plugging the well, pursuant to K.A.R. 82-3-113(b). If a workover pit will be used during the plugging of the well it must be permitted. A CDP-1 form must be filed and approved prior to the use of the pit in accordance with K.A.R. 82-3-600.**

The Conservation Division's review of form CP-1, either in the central or district office, does not include an inquiry into well ownership or the filing operator's legal right to plug the well. This notice in no way constitutes authorization to plug the above well by persons not having legal rights of ownership or interest in the well.

This notice is void after May 16, 2010. The CP-1 filing does not bring the above well into compliance with K.A.R. 82-3-111 with regard to the Commission's temporary abandonment requirements.

Sincerely,

Steve Bond
Production Department Supervisor

District: #1
210 E Frontview, Suite A
Dodge City, KS 67801
(620) 225-8888