

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
March 2009
Type or Print on this Form
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: _____
Phone: (316) 269-9052
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodic
 Water Supply Well Other: _____ SWD Permit #: _____
 ENHR Permit #: _____ Gas Storage Permit #: _____
Is ACO-1 filed? Yes No If not, is well log attached? Yes No

API No. 15 - 191-00148-00-01
Spot Description: _____
C - NE - NE Sec. 33 Twp. 34 S. R. 4 East West
660 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sumner
Lease Name: Rhino OWWO Well #: 1
Date Well Completed: _____
The plugging proposal was approved on: 10/21/2009 (Date)
by: Duane Krueger (KCC District Agent's Name)
Plugging Commenced: 10/20/2009
Plugging Completed: 10/27/2009

Producing Formation(s): List All (if needed attach another sheet)

Depth to Top: 4820 Bottom: 4825 T.D. 4926

Depth to Top: 4804 Bottom: 4814 T.D. _____

Depth to Top: 4750 Bottom: 4790 T.D. 4797
4690 4724 4670
4501 4524

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		Casing Record (Surface, Conductor & Production)			
Formation	Content	Casing	Size	Setting Depth	Pulled Out
		Surface	8 5/8	240	None
		Production	4 1/2	4926	3200

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.

Bridge set at 4450', 2 sacks cement with dump bailer, lay down casing, run 2 3/8 in to 950', 35 sacks of 60/40 POZ 4% gel, 2nd plug at 650', 35 sacks, 3rd 300' to surface.
10/28 - Measure in 18' from surface, fill with quick crete to surface.

RECEIVED
NOV 02 2009

KCC WICHITA

Plugging Contractor License #: 5105 Name: Clarke Corporation
Address 1: 107 W. Fowler Address 2: P.O. Box 187
City: Medicine Lodge State: Kansas Zip: 67104 + _____
Phone: (620) 886-5665
Name of Party Responsible for Plugging Fees: CMX, Inc.
State of Kansas County, Barber, ss.
Mark Morgenstern Employee of Operator or Operator on above-described well,
(Print Name)

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