

Tom
 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: Doug McGinness II
 Phone: (316) 296-9052
 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
 Producing Formation(s): List All (If needed attach another sheet)
Mississippi Depth to Top: 4870 Bottom: 4900 T.D. 4900
 _____ Depth to Top: _____ Bottom: _____ T.D. _____
 _____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 007-20305-0002
 Spot Description: _____
 NE SW NW Sec. 7 Twp. 35 S. R. 14 East West
1,650 3012 Feet from North / South Line of Section
4,290 4320 Feet from East West Line of Section
 Footages Calculated from Nearest Outside Section Corner: *perhaps 8/26/10*
 NE NW SE SW
 County: Barber
 Lease Name: Davis Ranch Well #: D-1
 Date Well Completed: _____
 The plugging proposal was approved on: 8/16/2010 (Date)
 by: Steve Pfeifer (KCC District Agent's Name)
 Plugging Commenced: 8/20/2010
 Plugging Completed: 8/26/2010

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	835	0
		Production	4 1/2	4872	2700

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.

Set CIBP at 4721, spot 2sx cement with dump bailer, lay down 2700' casing, run tubing to 1st 860', pump 12sx gel, 50sx 60/40 poz 4% gel, 2nd 300', 50sx cement, 3rd 60', 20sx circulate to surface

RECEIVED
 SEP 07 2010
 KCC WICHITA

Plugging Contractor License #: 5105 Name: Clarke Corporation
 Address 1: P.O. Box 187 Address 2: 107 W. Fowler
 City: Medicine Lodge State: KS 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