

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: 1700 N. Waterfront Pkwy, Bldg. 300, Suite B
Address 2: _____
City: Wichita State: KS Zip: 67206 + _____
Contact Person: Doug McGinness II
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
Producing Formation(s): List All (If needed attach another sheet)
_____ Depth to Top: 4198 Bottom: 4202 T.D. 4450
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 007-22935-0000
Spot Description: _____
C SW SE Sec. 35 Twp. 31 S. R. 13 East West
660 Feet from North / South Line of Section
1,980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Catlin Well #: 1-35
Date Well Completed: _____
The plugging proposal was approved on: 11/22/2010 (Date)
by: Steve Durrant (KCC District Agent's Name)
Plugging Commenced: 11/19/2010
Plugging Completed: 11/23/2010

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	374	None
		Production	4 1/2	4449	3450

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 4140', spot 2sx cement on CIBP with dump bailer, pull casing out, run tubing to 1st 690', pump 15sx gel, 50sx 60/40 POZ 4% gel, 2nd 390', 50sx cement, 3rd 60', 20sx, circulate to surface

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

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

RECEIVED

DEC 08 2010

KCC WICHITA