



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3532

Name: CMX, Inc.

Address 1: 1700 N WATERFRONT PKWY Bldg 300B

Address 2: _____

City: WICHITA State: KS Zip: 67206 + _____

Contact Person: Douglas H. McGinniss II

Phone: (316) 269-9052

CONTRACTOR: License # 5929

Name: Duke Drilling Co., Inc.

Wellsite Geologist: Leah Kasten

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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
- Conv. to GSW

- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>1/6/2011</u>	<u>1/15/2011</u>	<u>1/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-171-20792-00-00

Spot Description: _____

SE NW NW Sec. 31 Twp. 20 S. R. 33 East West

990 Feet from North / South Line of Section

990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Scott

Lease Name: CRIST Well #: 31-1

Field Name: Beurkle Northwest

Producing Formation: None

Elevation: Ground: 2955 Kelly Bushing: 2964

Total Depth: 4815 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 380 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

(Data must be collected from the Reserve Pit)

Chloride content: 3000 ppm Fluid volume: 130 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 04/29/2011
 - Confidential Release Date: _____
 - Wireline Log Received
 - Geologist Report Received
 - UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 05/02/2011