

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 Pky. 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: 2950 Bottom: 2936 T.D. 3665
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 007-22563-0001
Spot Description: _____
E2 E2 NW Sec. 13 Twp. 30 S. R. 12 East West
4,100 Feet from North / South Line of Section
3,105 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: House Well #: #3
Date Well Completed: 9/1/2005
The plugging proposal was approved on: 10/5/2010 (Date)
by: Eric MacLaren (KCC District Agent's Name)
Plugging Commenced: 10/5/2010
Plugging Completed: 10/7/2010

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	315	None
		Production	4 1/2	3540	1950

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 2900', spot 2sx cement on bridge plug with dump bailer, lay down casing, run tubing to 750', pump 12sx gel 60/40 POZ 4% gel, 2nd 340' pump 50sx cement, 3rd 60', pump 20sx cement, circulate to surface.

RECEIVED

OCT 12 2010

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.

KCC WICHITA

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