

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.
Address 2: Building 30013
City: Wichita State: KS Zip: 37206 +
Contact Person: Douglas H. 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: 4890 Bottom: 4896 T.D. 5462
_____ Depth to Top: 4909 Bottom: 4912 T.D. _____
_____ Depth to Top: 4918 Bottom: 4942 T.D. _____
5961 4974
5034 5042
5058 5060

API No. 15 - 191-20187-00-01
Spot Description: _____
SE . SE . SW Sec. 18 Twp. 35 S. R. 4 East West
330 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Sumner
Lease Name: hYENA owwwo Well #: 1
Date Well Completed: _____
The plugging proposal was approved on: 7/5/2011 (Date)
by: Dan Fox (KCC District Agent's Name)
Plugging Commenced: 7/6/2011
Plugging Completed: 7/11/2011

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	259	None
		Production	5 1/2	5462	2600

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 4840, spot 4sx cement on bridge plug with dump bailer, cut and lay down casing, run tubing in 1st 1050' spot 35sx, 2nd 700' 35sx, 3rd circulate 60/40 POZ 4% gel from 310' to surface.

RECEIVED

AUG 18 2011

8-8-11

KCC WICHITA

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