

LEASE NAME Irene

WELL NUMBER 1-7

660 Ft. from S Section Line

1980 Ft. from E Section Line

SEC. 7 TWP. 30 SRGE. 13W (E) or (W)

COUNTY Barber

Date Well Completed 04-21-86

Plugging Commenced 02-24-93

Plugging Completed 02-24-93

TYPE OR PRINT
 NOTICE: Fill out completely
 and return to Cons. Div.
 office within 30 days.

LEASE OPERATOR CMX, Inc.

ADDRESS 150 N. Main, Suite 1026, Wichita, KS 67202

PHONE#(316) 269-9052 OPERATORS LICENSE NO. 3532

Character of Well Gas

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on February 8, 1993 (date)

by David P. Williams (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation Viola Depth to Top 4526' Bottom 4536' T.O. 4651'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
Surface				10-3/4"	360'	None
Production				4-1/2"	4649'	3545'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plug were used, state the character of same and depth placed, from ___ feet to ___ feet each set

Pumped 300# cottonseed hulls; pumped 10 sxs gel; pumped 50 sxs cement;
pumped 10 sxs gel; pumped 100# cottonseed hulls; pumped 150 sxs cement;
Cement was 60/40 PozMix with 6% gel.

Name of Plugging Contractor Halliburton Services License No. _____

Address Pratt District Office

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: CMX, Inc.

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

I, Douglas H. McGinness II ~~Witness~~ (Operator) of above-described well, 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, as filed the the same are true and correct, so help me God.

(Signature) Douglas H. McGinness II

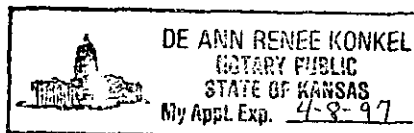
(Address) 150 N. Main, Suite 1026
 Wichita, KS 67202

SUBSCRIBED AND SWORN TO before me this 21st day of February, 19 94

DeAnn Renee Konkel
 Notary Public

My Commission Expires: April 8, 1997

USE ONLY ONE SIDE OF EACH FORM



STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev.03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # _____ (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR _____ (owner/company name) KCC LICENSE # _____ (operator's)

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

LEASE _____ WELL# _____ SEC. _____ T. _____ R. _____ (East/West)

_____ - _____ - _____ SPOT LOCATION/0000 COUNTY _____

_____ FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

_____ FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL _____ GAS WELL _____ D&A _____ SWD/ENHR WELL _____ DOCKET# _____

CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION _____ T.D. _____ PBDT _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD _____ POOR _____ CASING LEAK _____ JUNK IN HOLE _____

PROPOSED METHOD OF PLUGGING _____

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? _____

If not explain why? _____

PLUGGING OF THIS WELL WILL BE DONE IN ACCORDANCE WITH K.S.A. 55-101 et. seq. AND THE RULES AND REGULATIONS OF THE STATE CORPORATION COMMISSION.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

_____ PHONE# () _____

ADDRESS _____ City/State _____

PLUGGING CONTRACTOR _____ (company name) KCC LICENSE # _____ (contractor's)

ADDRESS _____ PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: _____ (signature)