

STATE OF KANSAS
STATE CORPORATION
COMMISSION
130 South Market Room 2078
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R. 82-3-117

API NUMBER 15-007-22642-0000

LEASE NAME Peace Treaty

TYPE OR PRINT
NOTICE: Fill out completely
and return to Cons. Div.
office within 60 days.

WELL NUMBER 1

3247 Ft. from N / S Section Line

2053 Ft. from E W Section Line

RECEIVED

JUN 17 2002

6-17-02
KCC WICHITA

LEASE OPERATOR CMX Inc.

SEC. 18 TWP. 32S RGE. 11 (E) or (W)

ADDRESS 150 N. Main, Suite 1026, Wichita, KS 67207

COUNTY Barber

PHONE # 316-269-9052 OPERATOR'S LICENSE NO. 3532

Date Well Completed _____

Character of Well Good DH

Plugging Commenced 6/10/2002

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

Plugging Completed 6/12/2002

The plugging proposal was approved on 6/7/2002 (date)

by Scott Albright (KCC District Agent's Name).

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

Producing Formation N/A Depth to Top 3530 Bottom 3536 T. D. CIBP. @ 4250

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
				8 5/8	252	None
				5 1/2	4399	3000

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

Set CIBP at 3480, dump 2sx portland cement with dump bailer, stretch and cut 5 1/2 at 3000', lay down 5 1/2,

6/12/2002 - Allied pump 300 hulls, 10sx jel, 50 sx cement, 10sx jel, 100 hulls, 8 5/8 wiper and 100 sx cement

60/40 6% jel

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Clarke Corporation License No. 5105

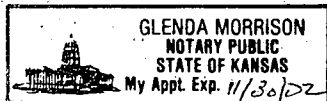
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

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

STATE OF Kansas COUNTY of Barber, ss.

Alan Vratil (Employee of Operator) or (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 filled that the same are true and correct, so help me God.



(Signature) [Handwritten Signature]

(Address) P.O. Box 187, Medicine Lodge, KS 67104

SUBSCRIBED AND SWORN TO before me this 13 day of June 2002

[Handwritten Signature]
Notary Public

My Commission Expires: November 30, 2002

OK