

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 15-007-20005-00-⁰¹~~001~~

LEASE NAME Mash Unit

WELL NUMBER #1

460 Ft. from N ^(S) Section Line

660 Ft. from ^(E) W Section Line

RECEIVED

SEP 09 2003

RECEIVED

SEP 09 2003

KCC WICHITA KCC WICHITA

LEASE OPERATOR CMX Inc.

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

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

Character of Well Good

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

The plugging proposal was approved on 8/21/2003

by Mike Mair

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

Producing Formation Douglas Depth to Top 3970 Bottom 3974 T. D. CIBP 4070

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	290	None
				4 1/2	4815	3400

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 3920, dump 2 sacks portland cement with dump bailer, stretch and cut 4 1/2 at 3400, lay down 4 1/2,
8/28/2003 - Allied pump 300 hulls, 10 sacks jel, 50 sacks cement, 10 sacks jel, 100 hulls, 8 5/8 wiper plug and 100 sacks
cement, 60/40 6% jel

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

Name of Plugging Contractor Clarke Corporation License No. 5105

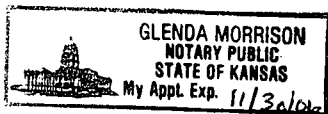
Address P.O. Box 187, 107 W. Fowler, Medicine Lodge, KS 67104

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)

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

SUBSCRIBED AND SWORN TO before me this 5 day of September 2003

Notary Public

My Commission Expires: November 30, 2006