

LEASE NAME Lemon Twin "OWWO"

WELL NUMBER #1

3300 Ft. from S Section Line

660 Ft. from E Section Line

SEC. 8 TWP. 30S RGE. 13W (E) or (W)

COUNTY Barber

Date Well Completed 08-02-86

Plugging Commenced 03-05-94

Plugging Completed 05-18-94

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

PHONE#(316) 269-3424 OPERATORS LICENSE NO. 3532

Character of Well SWD

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

The plugging proposal was approved on February 11, 1994 (date)

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

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

Producing Formation _____ Depth to Top _____ Bottom _____ T.D. 4791'

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
	Conductor			16"	80'	None
	Surface			8-5/8"	1025'	None
	Production			4-1/2"	4790'	2690'

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

Set bridge plug at 3900'. Allied tied onto 8-5/8" casing & mixed 300# of cottonseed hulls, 10 sxs of gel & 50 sxs of 60-40 Poz with 6% gel; mixed another 10 sxs of gel & 100# cottonseed hulls; released 8-5/8" wiper plug; mixed another 100 sxs 60-40 Poz with 6% gel.

Name of Plugging Contractor Allied Cementing License No. _____

Address Medicine Lodge, Kansas

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

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

I, Douglas H. McGinness II (Employee of Operator) or (Operator) o

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 that the same are true and correct, so help me God.

(Signature) _____

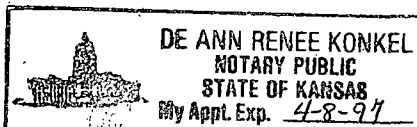
(Address) _____

SUBSCRIBED AND SWORN TO before me this 29th day of August, 19 94

DeAnn Renee Konkell
 Notary Public

My Commission Expires: April 8, 1997

USE ONLY ONE SIDE OF EACH FORM



RECEIVED
 STATE CORPORATION COMMISSION
 SEP 06 1994
 9-6-94
 CONSERVATION DIVISION
 WICHITA, KANSAS

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

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CONTACT PHONE # () _____

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

_____ SPOT LOCATION/QQQQ 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 _____ KCC LICENSE # _____
(company name) (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)