

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

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

API NUMBER 15-007-06436-0001
Not Assigned

LEASE NAME Roessler

WELL NUMBER #1

3630 Ft. from S Section Line

3630 Ft. from E Section Line

SEC. 25 TWP. 31'S RGE. 13W (E) or (W)

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 COUNTY Barber

PHONE#(316) 269-9052 OPERATORS LICENSE NO. 03532 Date Well Completed 11-20-82

Character of Well Oil Plugging Commenced 11-07-94

(Oil, Gas, D&A, SWD, Input, Water Supply Well) Plugging Completed 11-07-94

The plugging proposal was approved on November 7, 1994 (date)

by Steve Pfeifer (KCC District Agent's Name).

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

Producing Formation Mississippi Depth to Top 4220' Bottom 4240' T.D. 4320'

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"	0'	217'	10"	217'	None

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

Sanded to 4170', dumped 5 sxs cement on top, pumped 400 sxs hulls, 200 sxs cement, 20 sxs gel & a 10-3/4" wiper plug.
Cement was 60/40 Pox with 6% gel

Name of Plugging Contractor Allied Cementing Company License No. _____

Address P.O. Box 368, Medicine Lodge, KS 67104

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

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

RECEIVED
KANSAS CORPORATION COMMISSION
NOV 23 1994
CONSERVATION DIVISION
WICHITA, KS

I, Douglas H. McGinness II ~~Representative 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 filed the the same are true and correct, so help me God.

(Signature) [Signature]

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

SUBSCRIBED AND SWORN TO before me this 23rd day of November, 19 94

DeAnn Renee Konkel
Notary Public

My Commission Expires: April 8, 1997

USE ONLY ONE SIDE OF EACH FORM



Form CP-4
Revised 05-88

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/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. _____ P.B.T.D. _____ 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)