WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 3532
Name: CMX, Inc.
Address: 1551 N. Waterfront Parkway, Suite 150
City/State/Zip: Wichita, KS 67206
Purchaser: One OK
Operator Contact Person: Douglas H. McGinness II
Phone: (316) 269-9052
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: Doug McGinness II
Designate Type of Completion:

  ✔ New Well   Re-Entry   Workover
  ✔ Oil       SWD       SIOW       Temp. Abd.
  ✔ Gas       ENHR       SIGW
  ✔ Dry       Other (Core, WSW, Exp., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: ___________________________  Well Name: ___________________________
Original Comp. Date: ___________ Original Total Depth: ___________
   ___________________________________  ___________
   Deepening   Re-perf.   Conv. to Enhr./SWD
   ___________  ___________  ___________
   Plug Back   Plug Back Total Depth
   ___________  ___________
   Commingled   Docket No.
   ___________  ___________
   Dual Completion   Docket No.
   ___________  ___________
   Other (SWD or Enhr.)?   Docket No.
   ___________  ___________
6/3/05  6/10/05  7/8/05  Spud Date or Recompletion Date
County: Comanche  Docket No.: D-27728

API No. 15 - 007-22875-0000

Grants:

C, SE, Sec. 8  Twp. 35  S. 13  □ East □ West
East  1980  feet from □ S / N (circle one) Line of Section
North 1960  feet from □ E / W (circle one) Line of Section
Footage Calculated from Nearest Outside Section Corner
(cirle one) NE SE NW SW
Lease Name: Albert  Well #: 6
Field Name: Aetna
Producing Formation: Mississippi
Elevation: Ground: 1589'  Kelly Bushing: 1600'
Total Depth: 5100'  Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 312 Feet
Multiple Stage Cementing Collar Used?  □ Yes □ No
If yes, show depth set ___________ Feet
If Alternate ll completion, cement circulated from ___________ w/s ___________ ex cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content:  ___________ ppm  Fluid volume: 480 ___________ bbls
Dewatering method used: Haul off
Location of fluid disposal if hauled offsite:
Operator Name: Oil Producers, Inc. of Kansas
Lease Name: May  License No.: 8061
Quarter NW Sec. 13  Twp. 35  S. 16  □ East □ West

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

Signature: ___________________________  Date: 7/14/2005
Title: President
Subscribed and sworn to before me this 14th day of July, 2005
Notary Public: ___________________________
Date Commission Expires: 2/27/08

DONNA L. MAY MURRAY
Notary Public - State of Kansas

CCC Office Use ONLY

Letter of Confidentiality Received
If Denied, Yes  □ Date:
    ___________  ___________  ___________
Wireline Log Received
Geologist Report Received
UIC Distribution