KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

API # __15 - 127-205760000__ *(Identifier Number of this well).* This must be listed for wells drilled since 1967; if no API # was issued,

indicate original spud or completion date __10/12/04__ .

Well Operator: __Knighton Oil Company, Inc.__   KCC License #: __5010__

_____ *(Owner / Company Name)*   *(Operator's)*

Address: __221 S. Broadway, Suite 710__   City: __Wichita__

State: __Kansas__   Zip Code: __67202__   Contact Phone: (__316__) __264__ - __7918__

Lease: __Picolet__   Well #: __1__   Sec. __2__ Twp. __16__ S. R. __7__ ☑ East ☐ West

__NE__ - __NE__ - __SE__ - _____ Spot Location / QQQQ   County: __Morris__

__2310__ Feet *(in exact footage)* From ☐ North / ☑ South *(from nearest outside section corner)* Line of Section *(Not Lease Line)*

__330__ Feet *(in exact footage)* From ☑ East / ☐ West *(from nearest outside section corner)* Line of Section *(Not Lease Line)*

Check One: ☐ Oil Well ☐ Gas Well ☑ D&A ☐ Cathodic ☐ Water Supply Well

☐ SWD Docket # _____ ☐ ENHR Docket # _____ ☐ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

Surface Casing Size: __8 5/8"__ Set at: __178'__ Cemented with: __100__ Sacks

Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List *(ALL)* Perforations and Bridgeplug Sets: _____

Elevation: __1459/69__ (☐ G.L. / ☐ K.B.) T.D.: __1872__ PBTD: _____ Anhydrite Depth: _____

(Stone Corral Formation)

Condition of Well: ☑ Good ☐ Poor ☐ Casing Leak ☐ Junk in Hole

Proposed Method of Plugging *(attach a separate page if additional space is needed)*: __According to the rules and regulations of the State__
__Corporation Commission.__

RECEIVED
KANSAS CORPORATION COMMISSION

Is Well Log attached to this application as required? ☑ Yes ☐ No   Is ACO-1 filed? ☑ Yes ☐ No

OCT 2 9 2004

If not explain why? _____

CONSERVATION DIVISION
WICHITA, KS

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: __Dan Cox__

Phone: (__620__) __343__ - __3278__

Address: __P.O. Box 2004__   City / State: __Emporia, Kansas 66801__

Plugging Contractor: __Summit Drilling__   KCC License #: __30141__

_____ *(Company Name)*   *(Contractor's)*

Address: __P.O. Box 2004 Emporia, KS 66801__   Phone: (__620__) __343__ - __3278__

Proposed Date and Hour of Plugging *(if known?)*: __1:35 AM, October 13, 2004__ *Plugged*

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Date: __10/29/04__   Authorized Operator / Agent: __Earl M. Knighton Jr.__

(Signature)

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202