

RECEIVED

JUL 03 2003

KCC WICHITA

STATE OF KANSAS
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 South Market - Room 2078
Wichita, Kansas 67202

FORM CP-1 (3/92)

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 15-155-21217-00-00 (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 FALCON EXPLORATION, INC. KCC LICENSE # 5316
(owner/company name) (operator's)

ADDRESS 155 N. MARKET, SUITE 1020 CITY WICHITA

STATE KANSAS ZIP CODE 67202 CONTACT PHONE # (316) 262-1378

LEASE THIEL WELL# 1 SEC. 4 T. 26 R. 8 (East/West)

-150E- NW - NW SPOT LOCATION/QQQQ COUNTY RENO

660 FEET (in exact footage) FROM N (circle one) LINE OF SECTION (NOT Lease Line)

810 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 8 5/8 SET AT 332' CEMENTED WITH 225 SACKS

PRODUCTION CASING SIZE 5 1/2 SET AT 4280 CEMENTED WITH 200 SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: 3825-3831'

ELEVATION 1586 KB T.D. 4472 PBDT 4236 ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING ACCORDING TO KCC INSTRUCTIONS

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? NO IS ACO-1 FILED? YES

If not explain why? WELL LOG FILED WITH ACO-1

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:

LEON KUHN PHONE# () 785-483-1559

ADDRESS P.O. BOX 551 City/State RUSSELL, KS 67665

PLUGGING CONTRACTOR Quality Well Service, Inc. KCC LICENSE # 31925
(company name) (contractor's)

ADDRESS 401 W. Main, Lyons KS 67554 PHONE # () _____

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) 05-18-2004 Plugged

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: 7/2/03 AUTHORIZED OPERATOR/AGENT: [Signature]
(signature)