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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL PLUGGING APPLICATION
Please TYPE Form and File ONE Copy

Form CP-1
September 2003
This Form must be Typed
Form must be Signed
All blanks must be Filled

API # 15-127-1900-00-02 (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 15-127-19001-00-02

Well Operator: B&T OIL KCC License #: 32904
Address: P.O. BOX 183 City: LINCOLNVILLE
State: KS. Zip Code: 66858 Contact Phone: (620) 381-1023
Lease: PETERSON MEYERS Well #: 1 Sec. 26 Twp. 16 S. R. 5 East West
C - SE - SE - NE Spot Location / QQQQ County: MORRIS

2947 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line)
414 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 # D23702.0 ENHR Docket # _____ Other: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8.625 Set at: 169 Cemented with: _____ Sacks
Production Casing Size: 4.5 Set at: 2880 Cemented with: _____ Sacks

List (ALL) Perforations and Bridgeplug Sets: _____

Elevation: _____ (G.L. / K.B.) T.D.: 2881 P.B.T.D.: _____ 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): As per KCC regulations

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

If not explain why? Do not have any records

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: Les Kremeier

Phone: (785) 366-6249

Address: _____ City / State: _____

Plugging Contractor: Flints Hills Oil Co. LLC KCC License #: 33307
(Company Name) (Contractor's)

Address: _____ Phone: () - _____

Proposed Date and Hour of Plugging (if known?): Oct. 6, 2006 11:00AM

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

Date: 8-22-2006 Authorized Operator / Agent: Benz S. / G
(Signature)

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

* well already plugged - kcc Dlg

DIST
02