

FEB 16 2011

WELL PLUGGING APPLICATION

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.

LEGAL SECTION

OPERATOR: License #: 5585
Name: Clinton Production, Inc.
Address 1: 330 N. Armour
Address 2: 7700 E. Dublin
City: Wichita State: KS Zip: 67206 +
Contact Person: Chris Clinton
Phone: (316) 686.1310

API No. 15 - 155-21154 - 6000
If pre 1967, supply original completion date: _____
Spot Description: 100'W SE SE NW
SE SE NW Sec. 8 Twp. 24 S. R. 8 East West
2961 Feet from North / South Line of Section
3220 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Reno
Lease Name: Knoefel Well #: 1

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
Surface Casing Size: 8 5/8 Set at: 262' Cemented with: 160 Sacks
Production Casing Size: 4 1/2 Set at: 4059' Cemented with: 250 Sacks

List (ALL) Perforations and Bridge Plug Sets:
3745-3755 (squeezed in 1991), 3701-3708, 3714-3718 (4 SPF)

Elevation: 1666 (G.L. / K.B.) T.D.: 4060 P.B.T.D.: 4008 Anhydrite Depth: _____
(Stone Corral Formation)

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____
(Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

In accordance to KCC regulations and instruction

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

If ACO-1 not filed, 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

Company Representative authorized to supervise plugging operations: Chris Clinton / Dave Pauly by phone
Address: 330 N. Armour City: Wichita State: KS Zip: 67206 +
Phone: (316) 686.1310

Plugging Contractor License #: 31529 Name: Mike's Testing and Salvage, Inc.
Address 1: P.O. Box 467 Address 2: _____
City: Chase State: KS Zip: 67524 + 0467
Phone: (620) 938.2945 <FAX> / 620.938.2943 phone

Proposed Date of Plugging (if known): As soon as possible, on location Feb 15, 2011 pulling pipe & rods

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: February 10, 2011 Authorized Operator / Agent: Chris Clinton
(Signature)

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

Dist. 2

No logs - Also Plugged

[Handwritten initials]

WELL ALREADY PLUGGED. OK TO ACCEPT AS-15"
 PER LEG. 6/3/11. (AFTER SEVERAL ATTEMPTS TO CONTACT OPER. FOR CORRECTS. TO NO AVAIL.) KCC

KANSAS CORPORATION COMMISSION
 KANSAS CONSERVATION DIVISION
**CERTIFICATION OF COMPLIANCE WITH THE
 KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 5585
 Name: Clinton Production, Inc.
 Address 1: 330 N. Armour
 Address 2: 7700 E. Dublin
 City: Wichita State: KS Zip: 67206
 Contact Person: Chris Clinton
 Phone: (316) 686.1310 Fax: (316) 684.788-
 Email Address: cpmjs2@netscape.net

Well Location:
se se nw Sec. 8 Twp. 24 S. R. 8 East West
 County: Keno
 Lease Name: Knoefel Well #: 1

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:
 Name: Mr. Robert C. Knoefel
 Address 1: 19605 W. Trail West Road
 Address 2: _____
 City: Abbyville State: KS Zip: 67510 + 9483

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: February 17, 2011 Signature of Operator or Agent: [Signature] Title: President

RECEIVED
 FEB 22 2011
 KCC WICHITA