STATE OF KANSAS
STATE CORPORATION COMMISSION
130 S. Market, Room 2078
Wichita, KS 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

RECEIVED

DEC 1 7 2003

KCC WICHITA

TYPE OR PRINT
NOTICE- Fill out <u>completely</u>
and return to Cons. Div.
office within 30 days.

API NUMBER   15-119-21121-00-00

LEASE NAME   Isaac Trust C Unit

WELL NUMBER 1-35

_660_   Ft. from N Section Line

_1650_   Ft. from E Section Line

SEC. 35 TWP. 33 RGE. 28 ☐ E ☒ W

COUNTY   Meade

LEASE OPERATOR McCoy Petroleum Corp.

ADDRESS   453 S. Webb Rd., Suite 310, Box 780208 Wichita KS 67278

PHONE # (316) 636-2737   OPERATORS LICENSE NO. 5003

Character of Well   dry hole

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Date Well Completed   P & A

Plugging Commenced   12-07-03

Plugging Completed   12-07-03

The plugging proposal was approved on _____ 12-5-03 _____ (date)

by _____ Steve Durant _____ (KCC District Agent's Name),

Is ACO-I filed? ___No___ If not, Is well log attached? _____ No

Producing Formation ___D&A___ Depth to Top _____ Bottom_____ T.D. ___3450'___

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
Surface		0	925	8 5/8	925	0

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from_____ feet to_____ feet each set.

Acid Services plugged well with 115 sx 60/40 Pozmix as follows: 50 sacks at 930', 30 sacks at 480', 10 sacks at 40' and 15 sacks
in the rathole with 10 sacks in the mousehole . Plug down at 3:45 am.

(If additional description is necessary, use <u>BACK</u> of this form.)

Name of Plugging Contractor _____ ~~Acid Services~~ Val Energy _____ License No. 5822 NA

Address _____ Dept #1131, Tulsa, OK 74182

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES _____ McCoy Petroleum Corp.

STATE OF ___Kansas___ COUNTY OF ___Sedgwick___ ss.

___Scott Hampel___ (Employee of Operator) or (~~Operator~~) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) ___Scott Hampel___

(Address)   453 S. Webb Rd., Suite 310, Box 780208 Wichita KS 67278

SUBSCRIBED AND SWORN TO before me this 16th day of December 20 03

___Susan Brady___
Notary Public

My Commission Expires _____ 11-4-07

Form CP-4
Revised 05-88