Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

WELL PLUGGING APPLICATION

Please TYPE Form and File ONE Copy

September 2003 This Form must be Typed Form must be Signed All blanks must be Filled

API # 15 - 109-20,777-00-00 (Identifier Number of this well). This must be listed for wells drilled since 1967; if no API # was issued, 5-01-2007 indicate original spud or completion date McCOY PETROLEUM CORPORATION Well Operator: ___ KCC License #: (Owner / Company Name) (Operator's) 8080 E. Central, Suite 300 Wichita Address: _ __ City:_ Kansas 67206 __ Contact Phone:_ (316) 636 State: __ Zip Code:_ GOSS TRUST 'A' Sec. 34 Twp. 11 __ s. _{R._}34 _ Well #: Lease: - NW **LOGAN** Spot Location / QQQQ County:_ 1980 2030 Feet (in exact footage) From North / South (from nearest outside section corner) Line of Section (Not Lease Line) 60 4678 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 # _ Conductor Casing Size:_ Cemented with: . Sacks 8 5/8" 305' 260 Surface Casing Size:_ Cemented with: 4 1/2" 4820' Production Casing Size:___ 150 _ Set at: _ __ Cemented with: ___ Sacks 4330 - 4336' List (ALL) Perforations and Bridgeplug Sets: _ 3219 PBTD: 4777' (☑G.L./ ☐K.B.) TD. 4845' 2680' Flevation: Anhydrite Depth:_ (Stone Corral Formation) Condition of Well: ✓ Good Poor Casing Leak Junk in Hole PER KCC REQUIREMENT Proposed Method of Plugging (attach a separate page if additional space is needed): Is Well Log attached to this application as required? Yes ✓ No Is ACO-1 filed? ✓ Yes No LOGS SENT WITH ACO-1 MAY 25, 2007 If not 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. CALVIN MIKKELSON List Name of Company Representative authorized to be in charge of plugging operations:_ Phone: (620) 532 RECEIVED P.O. BOX 39 City / State: SPIVEY, KS 67142 Address: KANSAS CORPORATION COMMISSION POST & MASTIN WELL SERVICE Plugging Contractor: KCC License #: (Company Name) P.O. BOX 297 GARDEN CITY, KS 67846 ___ Phone:__(620) 276 ONSERVATION DIVISION WICHITA, KS Proposed Date and Hour of Plugging (if known?): ___ Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

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

Authorized Operator / Agent:_