

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)

NOV 26 2002
WICHITA

API # 15-077-211720000 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API # was issued, indicate spud or completion date.

6/03

WELL OPERATOR McCoy Petr Corp. KCC LICENSE # 5003
ADDRESS 453 S Webb Rd. Suite 310 Box 780208 CITY Wichita
STATE KS ZIP CODE 67278-0208 CONTACT PHONE (620) 636-2737
LEASE BROWNC WELL# 1-26 SEC. 26 T. 32 R. 9 (East / West)
C S/2 SE SPOT LOCATION/OOOO COUNTY HARPER

370 660 FEET (in exact footage) FROM (S) LINE OF SECTION (NOT lease line)
1270 220 FEET (in exact footage) FROM (E) LINE OF SECTION (NOT lease line)

Check One: OIL WELL _____ GAS WELL _____ X D&A _____ SWD/ENHR WELL _____ DOCKET# _____
CONDUCTOR CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS
SURFACE CASING SIZE _____ 8 5/8 SET AT _____ 250 CEMENTED WITH _____ 175 SACKS
PRODUCTION CASING SIZE _____ 5 1/2 SET AT _____ 3991 CEMENTED WITH _____ 150 SACKS

LIST ALL (PERFORATIONS and BRIDGEPLUG SETS: 3688-3700 DOUGLAS
ELEVATION 1440 GR T.D. 3991 PRTD 3920 ANHYDRITE DEPTH _____
CONDITION OF WELL: GOOD X POOR _____ CASING LEAK _____ JUNK IN HOLE _____
PROPOSED METHOD OF PLUGGING as KCC requires

Sand to 36 40 & 5 sks
350K 0850 350K 1350 CMC 300
(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? no IS ACO-1 FILED? w/n
If not explain why? not avail. to us

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:
Daryl Hanson PHONE# (620) 272-1296

ADDRESS Box 2250 CITY/STATE Garden City Ks 67846

PLUGGING CONTRACTOR Quality Well Service KCC LICENSE # 31925
ADDRESS 401 W Main Lyons ks 67554 PHONE # (620) 727-3410

PROPOSED DATE AND HOUR OF PLUGGING (If known?) _____ asap

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

DATE : _____ AUTHORIZED OPERATOR / AGENT: _____

2w of Atch
384 south west
706 3260
Contributed AT
3215
(signature) Rec. 2802 900
400
13000

8/03