

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

Form CP-1
March 2009
This Form must be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 5003
Name: McCoy Petroleum Corp.
Address 1: P.O. Box 39
Address 2: _____
City: Spivey State: Ks. Zip: 67142 + _____
Contact Person: Dave Oller
Phone: (620) 532-9232

API No. 15 - 047-21,479 -0000
If pre 1967, supply original completion date: _____
Spot Description: _____
S/2 S/2 SE Sec. 27 Twp. 25 S. R. 20 East West
380 Feet from North / South Line of Section
1320 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Edwards
Lease Name: WETZEL R UNIT Well #: 2-27

*Open Dave
KCC PKT*

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" 23# Set at: 334 Cemented with: 250 Sacks
Production Casing Size: 4 1/2" 10.5# Set at: 4673 Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:
4673' -4686' port collar 2646 pumped 100sx squeezed 150sx TOC 2570

Elevation: 2221' (G.L. / K.B.) T.D.: 4690" PBTD: _____ 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):

as per KCC

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

If ACO-1 not filed, explain why:

KANSAS CORPORATION COMMISSION

APR 03 2009

RECEIVED

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: Dave Oller
Address: P.O. Box 39 City: Spivey State: KS Zip: 67142 + _____
Phone: (620) 532-9232
Plugging Contractor License #: 31925 Name: Quality Well Service
Address 1: 190th US 56 Highway Address 2: _____
City: Ellinwood State: KS Zip: 67526 + _____
Phone: (620) 727-3410

Proposed Date of Plugging (if known): ASAP 4-9-09 11:02 AM

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

Date: 4-01-09 Authorized Operator / Agent: Daniel Brady
(Signature)

*Dist + 1
PKT*

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

**Well Plugged - KCC - PKT*