

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 - 047-20,1790001
 If pre 1967, supply original completion date: _____
 Spot Description: _____
S2-S2 NW Sec. 34 Twp. 25 S. R. 20 East West
3155 3117 Feet from North / South Line of Section
3835 3785 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Edwards
 Lease Name: Froefschner Well #: 1-34

KCC PKT
 per
 COPS

KCC PKT
 per ACO1

KCC PKT
 Proper
 Dave

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: 281' Cemented with: 200 Sacks
 Production Casing Size: 4 1/2" 10.5# Set at: 4678' Cemented with: 225 Sacks

List (ALL) Perforations and Bridge Plug Sets:
4102' - 4108' Open hole 4678' -4683'

Elevation: 2222' (G.L. / K.B.) T.D.: 4683' 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

KANSAS CORPORATION COMMISSION
APR 03 2009
RECEIVED

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: 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 14-6-09 2:00 PM

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: _____

David Brady
(Signature)

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

* Well plugged - KCC - PKT

DIST 1
 PKT