

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: _____ *KCC PKT*
Spot Description: _____
nw 3/4 sec
62-32 NW Sec. 34 Twp. 25 S. R. 20 East West
3117 Feet from North / South Line of Section
3785 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Edwards
Lease Name: Froetschner Well #: 1-34
Froetschner own *KCC PKT per ACOW*

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' PBDT: _____ Anhydrite Depth: _____
(Stone Correl 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

RECEIVED

APR 22 2009

KCC WICHITA

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

If ACO-1 not filed, explain why:

*pumped 100SKs. 200# hils. 79 gal. 195SKs. down 4 1/2 casg. shut in 1200 psi.
p 8 5/8 squeezed pressured up to 500 psi. No recovery.*

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 4-6-09 200 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

*6w 4s of Kinsley *Well Plugged-KCC-PKT*

Dist 1 PKT