

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 #: 5254
Name: MIDCO Exploration, Inc.
Address 1: 414 Plaza Drive, Suite 204
Address 2: _____
City: Westmont State: IL Zip: 60565 + _____
Contact Person: Earl J. Joyce, Jr.
Phone: (630) 655-2198

API No. 15 - 033-21548-0000
If pre 1967, supply original completion date: _____
Spot Description: _____
S/2 N/2 Sec. 2 Twp. 33 S. R. 18 East West
1,980 Feet from North / South Line of Section
2,640 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Comanche
Lease Name: Pepperd Well #: 2-2

Check One: Oil Well Gas Well OG D&A Cathodic Water Supply Well Other: _____
 SWD Permit #: _____ ENHR Permit #: _____ Gas Storage Permit #: _____
Conductor Casing Size: 22" Set at: 74' Cemented with: _____ Sacks
Surface Casing Size: 8 5/8" Set at: 775' Cemented with: 450 Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: 1951/1964 (G.L. / K.B.) T.D.: 6050' 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 directed by district office

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

If ACO-1 not filed, explain why:

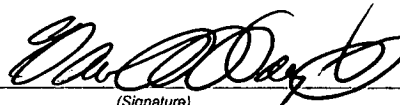
RECEIVED
APR 27 2009
KCC WICHITA

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: David Mayfield
Address: 414 Plaza Drive, Suite 204 City: Westmont State: IL Zip: 60559 + _____
Phone: (630) 655-2198
Plugging Contractor License #: 5929 Name: Duke Drilling Co., Inc.
Address 1: PO Box 823 Address 2: _____
City: Great Bend State: KS Zip: 67530 + _____
Phone: (620) 793-8366
Proposed Date of Plugging (if known): 2/4/09 10:15 a.m.

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

Date: 4/22/09 Authorized Operator / Agent: _____
(Signature)



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

* Well Plugged - KCC - PKT

Dist 1
PKT