

Amended

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 8080 E Central Ste 301
Address 2: _____
City: Spivey Wichita State: KS Zip: 67142
Contact Person: Dave Oller
Phone: (620) 532-9232 316-636-2737

API No. 15-097-21,571-00-00
If pre 1967, supply original completion date: _____
Spot Description: _____
SE NW Sec. 13 Twp. 27 S. R. 18 East West
1980 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kiowa *GAS UNIT A*
Lease Name: Leiss Well #: 1-13

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: 375' Cemented with: 300 Sacks
Production Casing Size: 4 1/2" 10.5# Set at: 4870' Cemented with: 225 Sacks

List (ALL) Perforations and Bridge Plug Sets:
4722' - 4732' CIBP @ 4710' 4680' - 4690' 4168' - 4172' 4138' - 4142' TOC. 4040
Sand @ 4630 + 4SKS *perforations squeezed with 50SKS each.*
Elevation: 2156' (G.L. / K.B.) T.D.: 4870' P.B.T.D.: 4819' Anhydrite Depth: _____
MISS LLC LLC

Condition of Well: Good Poor Junk in Hole Casing Leak at: _____ (Interval)
pipe recovery 2650

Proposed Method of Plugging (attach a separate page if additional space is needed):
as per KCC 1170 159e' 50SKS 100# hulls
390 50SKS 100# hulls 40' 30SKS

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) 632-9232
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

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent
Date: 9-21-09 Authorized Operator / Agent: _____

(Signature)

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

RD 33 + D

RECEIVED
DEC 11 2009
KCC WICHITA

DIST 1 PPT