

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 Corporation
Address 1: P.O. Box 39 8080 E Central St 300
Address 2: _____
City: Spivey Wichita State: Ks. Zip: 67206 67142 + 2366
Contact Person: Dave Oller
Phone: (620) 532-9232 316-634-2737

API No. 15 - 097-21,635 -0000
If pre 1967, supply original completion date: _____
Spot Description: _____
N2 N2 SW Sec. 11 Twp. 29 S. R. 19 East West
2310 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: Kiowa
Lease Name: Unruh C Well #: 1-11

Handwritten notes:
PPT
02/13

Handwritten note:
KCC PPT

Check One: 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" 28# Set at: 646' Cemented with: 325 Sacks
Production Casing Size: 4 1/2" 10.5# Set at: 5079' Cemented with: 150 Sacks

List (ALL) Perforations and Bridge Plug Sets:
4950' - 4958'

Handwritten note:
700 4350

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DEC 11 2009
KCC WICHITA

Elevation: 2313' (G.L. / K.B.) T.D.: 5080' PBTD: 5032' Anhydrite Depth: _____
(Stone Conal 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
1st plug @ 1260' w/ 155x961 - 505x cement
2nd plug @ 680' w/ 505x cement
3rd plug @ 300' w/ 405x cement
4th plug @ 40' w/ 205x cement
sand to 4900' + 45x cement
60/40 portmix 4% gr.

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

Handwritten note:
pipe recovery 3275

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

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: David Brady
(Signature)

Handwritten note:
PPT

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

Handwritten note:
4 1/2 3W 1S