

STATE OF KANSAS
STATE CORPORATION COMMISSION
CONSERVATION DIVISION
200 Colorado Derby Building
Wichita, Kansas 67202

FORM CP-1
Rev. 03/92

WELL PLUGGING APPLICATION FORM
(PLEASE TYPE FORM and File ONE Copy)

API # 15-077-21,266-0000 (Identifier number of this well). This must be listed for wells drilled since 1967; if no API# was issued, indicate spud or completion date.

WELL OPERATOR McCoy Petroleum Corporation KCC LICENSE # 5003
(owner/company name) (operator's)

ADDRESS 110 S. Main, Suite 500 CITY Wichita,

STATE Kansas ZIP CODE 67202 CONTACT PHONE # (316) 265-9697

LEASE Arnold WELL# 1-2 SEC. 2 T. 34S R. 6 (~~East~~ West)

- SE - NE - SE SPOT LOCATION/QQQQ COUNTY Harper

1650 FEET (in exact footage) FROM S/N (circle one) LINE OF SECTION (NOT Lease Line)

330 FEET (in exact footage) FROM E/W (circle one) LINE OF SECTION (NOT Lease Line)

Check One: OIL WELL GAS WELL D&A SWD/ENHR WELL DOCKET# _____

CONDUCTOR CASING SIZE 8-5/8" SET AT 321' CEMENTED WITH 225 SACKS

SURFACE CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

PRODUCTION CASING SIZE _____ SET AT _____ CEMENTED WITH _____ SACKS

LIST (ALL) PERFORATIONS and BRIDGEPLUG SETS: _____

ELEVATION 1251'/1256' T.D. 3855' PBTD _____ ANHYDRITE DEPTH _____
(G.L./K.B.) (Stone Corral Formation)

CONDITION OF WELL: GOOD POOR CASING LEAK JUNK IN HOLE

PROPOSED METHOD OF PLUGGING Plug and abandon using 60/40 Pozmix and 4% gel. Set

1st plug @ 1000' w/35 sacks; 2nd plug @ 650' w/35 sacks; 3rd plug @ 370' w/35 sacks;

4th plug @ 60' w/25 sacks. 10 sacks in rathole.

(If additional space is needed attach separate page)

IS WELL LOG ATTACHED TO THIS APPLICATION AS REQUIRED? _____ IS ACO-1 FILED? Yes

If not 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.

LIST NAME OF COMPANY REPRESENTATIVE AUTHORIZED TO BE IN CHARGE OF PLUGGING OPERATIONS:

Daryl Hanson PHONE# (316) 532-5292

ADDRESS Kingman, KS City/State _____

PLUGGING CONTRACTOR Val Energy KCC LICENSE # 5822
(company name) (contractor's)

ADDRESS P. O. Box 322, Hayesville, KS PHONE # (316) 522-1560

PROPOSED DATE AND HOUR OF PLUGGING (If Known?) _____

PAYMENT OF THE PLUGGING FEE (K.A.R. 82-3-118) WILL BE GUARANTEED BY OPERATOR OR AGENT

DATE: _____ AUTHORIZED OPERATOR/AGENT: [Signature]
(signature) WICHITA KANSAS

JAN 12 1993