

STATE OF KANSAS  
STATE CORPORATION COMMISSION  
130 S. Market, Room 2078  
Wichita, KS 67202

WELL PLUGGING RECORD  
K.A.R.-82-3-117

API NUMBER 15-095-21425

LEASE NAME Kohman

WELL NUMBER 7

2970 Ft. from S Section Line

3630 Ft. from E Section Line

SEC. 8 TWP. 30 RGE. 7  E  W

COUNTY Kingman

Date Well Completed 03-02-84

Plugging Commenced 04-11-03

Plugging Completed 04-15-03

**RECEIVED**  
**MAY 29 2003**  
**KCC WICHITA**

TYPE OR PRINT  
OFFICE- Fill out completely  
and return to Cons. Div.  
Office within 30 days.

LEASE OPERATOR McCoy Petroleum Corp.

ADDRESS 453 S. Webb Rd., Suite 310, Box 780208 Wichita KS 67278

PHONE # (316) 636-2737 OPERATORS LICENSE NO. 5003

Character of Well oil

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

The plugging proposal was approved on 04-11-03 (date)

by Doug Louis (KCC District Agent's Name),

Is ACO-I filed? yes If not, Is well log attached? \_\_\_\_\_

Producing Formation Kansas City Depth to Top \_\_\_\_\_ Bottom \_\_\_\_\_ T.D. 4250

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS

CASING RECORD

Formation	Content	From	To	Size	Put In	Pulled out
				8 5/8	265	none
				5 1/2	4248	3015

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from \_\_\_\_\_ feet to \_\_\_\_\_ feet each set.

Sand at 3570, bail 5 sacks cement. Shot pipe at 3015, pulled to 1150, pump 35 sacks cement. Pull to 700, pump 35 sacks cement. Pull to 300, circulate cement to surface with 130 sacks. Pull rest of pipe.

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Quality Well Service, Inc. License No. 31925

Address 401 West Main, Lyons KS 67554

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES McCoy Petroleum Corp.

STATE OF Kansas COUNTY OF Sedgwick ss.

Scott Hampel (Employee of Operator) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) Scott Hampel

(Address) 453 S. Webb Rd., Suite 310, Box 780208 Wichita KS 67278

SUBSCRIBED AND SWORN TO before me this 27th day of May, 2003

Dianne Howard  
Notary Public

My Commission Expires 03-15-07







# TREATMENT REPORT

Customer ID		Date	
Customer <b>M. Co. PET</b>		4-1503	
Lease <b>KOLLMAN</b>		Lease No.	Well # <b>7</b>

Field Order # <b>6206</b>	Station <b>PRATT</b>	Casing <b>5/2</b>	Depth	County <b>KENGMAN</b>	State <b>Ks</b>
Type Job <b>P.T.A. OLD WELL</b>			Formation	Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
Depth	Depth	From	To	Prog Pad		Max		5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush		Gas Volume		Total Load

Customer Representative <b>REHARN</b>	Station Manager <b>D. AUBRY</b>	Treater <b>J. SIZBA</b>
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Service Units	<b>1A</b>	<b>2B</b>	<b>36</b>	<b>70</b>				
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Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:30					CONNECTION
8:45					ONLOC W/ITEX'S SAFETY MITG
9:00					1 <sup>ST</sup> PLUG 1150' 35SKJ
			25	4	BREAK CORE H <sub>2</sub> O
			8 1/2	2	MAX! PUMP 35 SKJ
			24	2	DISP H <sub>2</sub> O
9:45					2 <sup>ND</sup> PLUG 200' 35SKJ
			7	4	BREAK CORE H <sub>2</sub> O
			8 1/2		MAX! PUMP 35 SKJ
			13.2		DISP H <sub>2</sub> O
10:10					3 <sup>RD</sup> PLUG 300'
			2		BREAK CORE H <sub>2</sub> O
			32		CORE CUT TO SURFACE
					130SKJ MIT
10:30					JOB COMPLETE

THANKU TROO