

Permit #: 20113

Date Issued: 1-12-96

County: Pates

Date Cancelled: _____

CONFIDENTIAL, UNTILL: _____

Date Plugged: 1-12-96

COMMENTS:

| OGC FORMS | Date Received |
|--------------|---------------|
| 1 | |
| 2 | |
| 3 | |
| 3i | |
| 4 | |
| 4i | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 11 | |
| 12 | |
| Misc. Form 2 | |

1-12-96
2-1-96

| | TYPE: | ID # | Date Received |
|----------------------------|-----------|------|---------------|
| Logs | | | |
| Samples | chip core | | |
| | water | | |
| Analyses | core | | |
| Additional Submitted Data: | | | |

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL DEEPEN PLUG BACK

for an oil well or gas well Hydrocarbon Test X

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 1-16-96
16205 W. 287 St. Paola Kansas 66071
 Address City State

DESCRIPTION OF WELL AND LEASE

| | | |
|-------------------------------|---------------------------|----------------------------------|
| Name of lease <u>Knapp</u> | Well number <u># 3</u> | Elevation (ground) <u>855</u> |
|-------------------------------|---------------------------|----------------------------------|

WELL LOCATION (give footage from section lines)
645 ft. from (N) (S) sec. line 1000 ft from (E) (W) sec. line

WELL LOCATION Section 35 Township 39N Range 33W County Bates

Nearest distance from proposed location to property or lease line: N/A feet
 Distance from proposed location to nearest drilling, completed or applied for well on the same lease: N/A feet

| | | | |
|------------------------------|--|--|--|
| Proposed depth. <u>75</u> | Drilling contractor, name & address <u>Town Oil Co.</u> | Rotary or Cable Tools <u>Rotary</u> | Approx. date work will start <u>1-16-96</u> |
|------------------------------|--|--|--|

| | |
|---|---|
| Number of acres in lease. <u>120</u> | Number of wells on lease, including this well, completed in or drilling to this reservoir: <u>0</u> |
| | Number of abandoned wells on lease: <u>0</u> |

If lease, purchased with one or more wells drilled, from whom purchased: Name N/A No. of Wells: producing 0
 injection 0
 inactive 0
 abandoned 0
 Address _____

Status of Bond
 Single Well Amt. _____ Blanket Bond Amt. \$60,000
 ON FILE ATTACHED

Remarks: (If this is an application to deepen or plug back, briefly describe work to be done, giving present producing zone and expected new producing zone) use back of form if needed.
N/A

| Proposed casing program: <u>N/A</u> | | | | Approved casing -- To be filled in by State Geologist <u>N/A</u> | | | |
|-------------------------------------|------|---------|------|--|------|---------|------|
| amt. | size | wt./ft. | cem. | amt. | size | wt./ft. | cem. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

I, the undersigned, state that I am the _____ of the _____ (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.
 Signature Lester Town

Permit Number: 20113 Drillers log required Drill stem test info. required if run
 Approval Date: 1/17/96 E-logs required if run Samples required
 Approved By: Jane Holly Williams Core analysis required if run Samples not required

Note: This Permit not transferable to any other person or to any other location.
 Remit two copies to: Missouri Oil and Gas Council
 P.O. Box 250 Rolla, Mo. 65401
 One will be returned for driller's signature

WATER SAMPLES REQUIRED



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
PLUGGING RECORD

FORM OGC-7

| | | | | | |
|--|-------------------|--|---|---|----------|
| OWNER Town Oil Co. | | ADDRESS 16205 W. 287 St. Paola, KS. 66071 | | | |
| NAME OF LEASE Knapp | | WELL NUMBER 3 | PERMIT NUMBER (OGC-3 OR OGC-3I NUMBER) 20113 | | |
| LOCATION OF WELL 645' FNL 1000' FEL | | SEC-TWP-RNG OR BLOCK & SURVEY 35-39N-33W | | COUNTY Bates | |
| APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil Co. | | HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY) N/A GAS (MCF/DAY) | | DRY? |
| DATE ABANDONED 1-17-96 | TOTAL DEPTH 9' | AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) N/A GAS (MCF/DAY) | | WATER (BBLS/DAY) | |
| Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A | | Fluid content of each formation | | Depth interval of each formation | |
| | | | | Size, kind, & depth of plugs used, giving amount cement. 1/2 sack cement | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SIZE PIPE N/A | PUT IN WELL (FT) | PULLED OUT (FT) | LEFT IN WELL (FT) | GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.) | |
| | | | | PACKERS AND SHOES | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| WAS WELL FILLED WITH MUD-LADEN FLUID? | | | INDICATE DEEPEST FORMATION CONTAINING FRESH WATER | | |
| NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE | | | | | |
| NAME | | ADDRESS | | DIRECTION FROM THIS WELL | |
| N/A | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| METHOD OF DISPOSAL OF MUD PIT CONTENTS | | N/A | | | |
| NOTE FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL) | | | | | |
| CERTIFICATE ▶ I, the undersigned, state that I am the <u>partner</u> of the <u>Town Oil Co.</u> (Company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge. | | | | | |
| SIGNATURE <i>Lester Town Oil Co.</i> | | | | DATE 1-19-96 | |