

Permit #: 20149

Date Issued: 2-2-96

County: Bates

Date Cancelled: _____

CONFIDENTIAL UNTIL: _____

Date Plugged: _____

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	
3i	<u>2-2-96</u>
4	
4i	
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11	
12	
Misc. Form 2	

	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 1-30-96
16205 W. 287 St. Paola Kansas 66071
 Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease <u>Eastland</u>	Well number <u>1</u>	Elevation (ground) <u>913</u>
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WELL LOCATION (give footage from section lines)
1900 ft. from XX (S) sec. line 200 ft. from (E) W sec. line

WELL LOCATION Section 20 Township 38N Range 32W 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>1-30-96</u>
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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 Address _____
 No. of Wells: producing 0, injection 0, inactive 0, abandoned 0

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: Lulu Town

Permit Number: 20149 Drillers log required Drill stem test info. required if run
 Approval Date: 2/2/96 E-logs required if run Samples required
 Approved By: Jessie Holly Williams Core analysis required if run Samples not required
 HNB

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 260 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 Eastland		WELL NUMBER 1	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20149		
LOCATION OF WELL 1900' FSL 200' FEL		SEC-TWP-RNG OR BLOCK & SURVEY 20-38N-32W		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 (BBL/DAY) N/A GAS (MCF/DAY)		DRY?
DATE ABANDONED 2-7-96	TOTAL DEPTH 100	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBL/DAY) N/A GAS (MCF/DAY)		WATER (BBL/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. 2 sacks 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			
		MO Oil & Gas Council			
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</i>				DATE 1-19-96	

RECEIVED
DEC 10 1998