

Permit #: 20158

Date Issued: 2-2-96

County: Bates

Date Cancelled: \_\_\_\_\_

CONFIDENTIAL UNTIL: \_\_\_\_\_

Date Plugged: 2-6-96

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	
3i	<u>2-2-96</u>
4	
4i	
5	
6	
7	
8	<u>3-1-96</u>
11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	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>Laughlin</u>	Well number <u>15</u>	Elevation (ground) - <u>865</u>
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WELL LOCATION (give footage from section lines)  
50 ft. from (N) (S) sec. line 50 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>1-30-96</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 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 Lulu Town

Permit Number: 20158  Drillers log required  Drill stem test info. required if run  
 Approval Date: 1/2/96  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. NWB  
 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**

Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the proposed well nor endorsement of the qualifications of the permittee.



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 Laughlin		WELL NUMBER 15	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20158
LOCATION OF WELL 50' FSL 50' 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 (BBL/DAY) N/A GAS (MCF/DAY)	DRY?
DATE ABANDONED 2-6-96	TOTAL DEPTH 63'	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.	Fluid content of each formation	Depth interval of each formation	Size, kind, & depth of plugs used, giving amount cement.
N/A			2 sacks cement

SIZE PIPE	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)	PACKERS AND SHOES
N/A					<b>RECEIVED</b> <b>MAR 01 1996</b> <b>MO Oil &amp; Gas Council</b>

WAS WELL FILLED WITH MUD-LADEN FLUID?	INDICATE DEEPEST FORMATION CONTAINING FRESH WATER
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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
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NOTE: FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)

CERTIFICATE: I, the undersigned, state that I am the partner of the Town Oil Co. (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 DATE: 1-19-96

