

Permit #: 20165

Date Issued: 2-6-96

County: Bates

Date Cancelled: _____

CONFIDENTIAL UNTIL: _____

Date Plugged: 2-7-96

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	
3i	
4	
4i	
5	
6	
7	
8	
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 2-6-96
16205 W. 287 St. Paola Kansas 66071
Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease Swickhamer Well number 10 Elevation (ground) 863

WELL LOCATION (give footage from section lines)
1145 ft. from (N) sec. line 305 ft. from (E) (W) sec. line

WELL LOCATION Section 36 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: 75 Drilling contractor, name & address: Town Oil Co. Rotary or Cable Tools: Rotary Approx. date work will start: 2-6-96

Number of acres in lease: 120 Number of wells on lease, including this well, completed in or drilling to this reservoir: 0
Number of abandoned wells on lease: 0

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

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

RECEIVED
FEB 20 1996
Oil & Gas Council

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: 20165 Drillers log required Drill stem test info. required if run
Approval Date: 2/16/96 E-logs required if run Samples required
Approved By: James 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 Swickhamer		WELL NUMBER 10	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20165
LOCATION OF WELL 1145' FNL 305' FWL		SEC-TWP-RNG OR BLOCK & SURVEY 36-39N-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 2-7-96	TOTAL DEPTH 48'	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.)
N/A				

RECEIVED
MAR 07 1996
MO Oil & Gas Council

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 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

