

Permit #: 20184

Date Issued: 2-9-96

County: Bates

Date Cancelled: _____

CONFIDENTIAL, UNTIL: _____

Date Plugged: _____

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	
3i	2-9-96
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 2-9-96
16205 W. 287 St. Paola Kansas 66071
 Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease <u>Eastland</u>	Well number <u>5</u>	Elevation (ground) <u>915</u>
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WELL LOCATION (give footage from section lines)
2400 ft. from (N) (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>2-9-96</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

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

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

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: 20184 Drillers log required Drill stem test info. required if run
 Approval Date: 2/9/96 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 260 Rolla, Mo. 65401
 One will be returned for driller's signature

WATER SAMPLES REQUIRED