

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 2-12-96
16205 W. 287 St. Paola Kansas 66071
 Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease Tourtillot Well number 1 Elevation (ground) 860

WELL LOCATION 2000 (give footage from section lines) 200
2000 ft. from (N) (S) sec. line 200 ft. from (E) (W) sec. line

WELL LOCATION Section 24 Township 38N 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: 2-12-96

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
 Address _____ 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.	com.	amt.	size	wt./ft.	com.
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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: 20192
 Approval Date: 2-14-96
 Approved By: Jane Holly Williams
 Drillers log required Drill stem test info. required if run
 E-logs required if run Samples required
 Core analysis required if run Samples not required

Note: This Permit not transferable to any other person or to any other location. EQK
 Remit two copies to: Missouri Oil and Gas Council
 P.O. Box 268 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.

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NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 2-12-96
16205 W. 287 St. Paola Kansas 66071
Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease Tourtillot Well number 10 Elevation (ground) 860

WELL LOCATION (give footage from section lines)
2000 ft. from (N) (S) sec. line 200 ft. from (E) (W) sec. line

WELL LOCATION Section 24 Township 38N 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

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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
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MO 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: 20192 Drillers log required Drill stem test info. required if run
Approval Date: 2/14/96 E-logs required if run Samples required
Approved By: James Holly Ahrens Core analysis required if run Samples not required
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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 Tourtillot		WELL NUMBER 1	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 20192	
LOCATION OF WELL 2000' FNL 200' FEL		SEC-TWP-RNG OR BLOCK & SURVEY 24-38N-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 2-12-96	TOTAL DEPTH 97	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBL/DAY)	GAS (MCF/DAY) N/A	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					

WAS WELL FILLED WITH MUD-LADEN FLUID? YES NO

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		

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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 Ruthy Town DATE 4-3-96

Permit #: 20192

Date Issued: 2-14-96

County: Dates

Date Cancelled: _____

CONFIDENTIAL UNTIL: _____

Date Plugged: 2-12-96

COMMENTS:

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

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