

Permit #: 20198

Date Issued: 2-14-96

County: Bates

Date Cancelled: 5-13-96

CONFIDENTIAL UNTIL: _____

Date Plugged: _____

COMMENTS:

OCC FORMS	Date Received
1	
2	
3	
3i	2-12-96
4	
4i	
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7	
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11	
12	
Misc. Form 2	

	TYPE	ID #	Date Received
Logs			
Samples	chip		
	core		
Analyses	water		
	core		

Additional Submitted Data:

cancel

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 Eastland Well number 8 // Elevation (ground) 913

WELL LOCATION (give footage from section lines)
600 ft. from (NN) (S) sec. line 1300 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: 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
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.
RECEIVED
N/A
MAY 13 1996

Proposed casing program: N/A Approved casing -- To be filled in by State Geologist N/A
amt. size wt./ft. cem. Oil & Gas Council 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: 20198 Drillers log required Drill stem test info. required if run
Approval Date: _____ E-logs required if run Samples required
Approved By: _____ Core analysis required if run Samples not required

Note: This Permit not transferable to any other person or to any other location. WATER SAMPLES REQUIRED
Remit two copies to: Missouri Oil and Gas Council P.O. Box 260 Rolla, Mo. 65401
One will be returned for driller's signature

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.