

Missouri Oil and Gas Council

Form OGC-3

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 2-20-96  
16205 W. 287 St. Paola Kansas 66071

Address				City				State			
DESCRIPTION OF WELL AND LEASE											
Name of lease <u>Brooks</u>				Well number <u>5</u>				Elevation (ground) <u>908</u>			
WELL LOCATION (give footage from section lines) <u>1550</u> ft. from (N) (S) sec. line <u>300</u> ft. from (E) (W) sec. line											
WELL LOCATION Section <u>19</u> Township <u>38N</u> Range <u>33W</u>				County <u>Bates</u>							
Nearest distance from proposed location to property or lease line: <u>N/A</u> feet						Distance from proposed location to nearest drilling, completed or applied for well on the same lease: <u>N/A</u> 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>2-20-96</u>			
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 <u>N/A</u> Address _____ No. of Wells: producing <u>0</u> injection <u>0</u> inactive <u>0</u> abandoned <u>0</u>											
Status of Bond Single Well <input type="checkbox"/> Amt. _____ Blanket Bond <input checked="" type="checkbox"/> Amt. <u>\$60,000</u> <input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> 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. <u>N/A</u>											
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.				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 <u>Lulu Town</u>											

Permit Number: 20228

Approval Date: 2-21-96

Approved By: Jasper Holly Williams

Note: This Permit not transferable to another 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

- Drillers log required
- E-logs required if run
- Core analysis required if run
- Drill stem test info. required if run
- Samples required
- Samples not required

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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for an oil well  or gas well  Hydrocarbon Test

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 2-20-96  
16205 W. 287 St. Paola Kansas 66071

Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease Brooks Well number 5 Elevation (ground) 908

WELL LOCATION 1550 (give footage from section lines) 300  
ft. from (N) (S) sec. line ft. from (E) (W) sec. line

WELL LOCATION Section 19 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 2-20-96

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.	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: 20228  Drillers log required  Drill stem test info. required if run  
Approval Date: \_\_\_\_\_  E-logs required if run  Samples required  
Approved By: see Fax  Core analysis required if run  Samples not required

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WATER SAMPLES 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 Brooks		WELL NUMBER 5	PERMIT NUMBER (OGC-3 OR OGC-3I NUMBER) 20228		
LOCATION OF WELL 1550' FNL 300' FEL		SEC-TWP-RNG OR BLOCK & SURVEY 19-38N-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 (BBLS/DAY) N/A GAS (MCF/DAY)		DRY?
DATE ABANDONED 2-22-96	TOTAL DEPTH 10	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) GAS (MCF/DAY) N/A		WATER (BBLS/DAY)	
Name of each formation containing oil or gas. Indicate which formation open to well bore at time of abandonment. N/A		Fluid content of each formation		Depth interval of each formation	
				Size, kind, & depth of plugs used, giving amount cement. 1 sack cement	
SIZE PIPE N/A	PUT IN WELL (FT)	PULLED OUT (FT)	LEFT IN WELL (FT)	GIVE DEPTH AND METHOD OF PARTING CASING (SHOT, RIPPED, ETC.)	PACKERS AND SHOES
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					
				<b>RECEIVED</b> <b>APR 05 1996</b>	
METHOD OF DISPOSAL OF MUD PIT CONTENTS		MO Oil & Gas Council N/A			
NOTE	FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)				
<b>CERTIFICATE</b> ▶ I, the undersigned, state that I am the <u>partner</u> of the <u>Town Oil Co.</u> (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 <i>Lute Town</i>				DATE 3-29-96	

