

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 _____
16205 W. 287 St. Paola Kansas 66071

Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease Wix Well number 3 Elevation (ground) 820

WELL LOCATION (give footage from section lines)
1320 ft. from ~~XX~~ (S) sec. line 1320 ft. from (E) (W) sec. line

WELL LOCATION Section 9 Township 39N Range 29W 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 Unk

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.

N/A

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

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: 20273 Drillers log required Drill stem test info. required if run
Approval Date: 7-6-98 E-logs required if run
Approved By: Jane Holly Williams Core analysis required if run

RECEIVED
JUL 06 1998

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,olla, Mo. 65401
One will be returned for driller's signature

WATER SAMPLES REQUIRED
MO Oil & Gas Council

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.

Cancel

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If lease, purchased with one or more wells drilled, from whom purchased: Name _____ Address _____		No. of Wells: producing 0 injection 0 inactive 0 abandoned 0	
Status of Bond Single Well <input type="checkbox"/> Amt. _____ Blanket Bond <input checked="" type="checkbox"/> Amt. \$60,000			<input 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. N/A			
Proposed casing program amt. size wt/ft cem. N/A		Approved casing -- To be filled in by State Geologist amt. size wt/ft cem. N/A	
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 <i>Lester Town</i>			

Permit Number 20273

Approval Date 7-6-98

Approved By *Jasen Holly Williams*

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- Drillers log required
- E-logs required if run
- Core analysis required if run

EK

Drill stem test info. required if run

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