

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 Trammell Well number 3 Elevation (ground) 788

WELL LOCATION (give footage from section lines)  
2440 ft. from (N) (S) sec. line 1500 ft. from (E) (W) sec. line

WELL LOCATION Section 22 Township 38N Range 31W 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: When approved

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

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  
2440 1500

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MO Oil & Gas Council

Proposed casing program: N/A Approved casing -- To be filled in by State Geologist N/A

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 Lester Town

Permit Number: 20322  Drillers log required  Drill stem test info. required if run  
Approval Date: 11/13/98  E-logs required if run  Samples required  
Approved By: Jasper Holy 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   
\_\_\_\_\_  
\_\_\_\_\_

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.



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI OIL AND GAS COUNCIL  
PLUGGING RECORD

FORM OGC-1

OWNER Town Oil Co.		ADDRESS 16205 W. 287 St. Paola, KS. 66071			
NAME OF LEASE Trammell		WELL NUMBER 3	PERMIT NUMBER (OGC-1) OR OGC-31 NUMBER 20322		
LOCATION OF WELL 2440' FSL 1500' FWL		SEC-TWP-RNG OR BLOCK & SURVEY 22-38N-31W		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 11-27-98	TOTAL DEPTH 60	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBL/DAY) N/A GAS (MCF/DAY)		WATER (BBL/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. 5 sacks 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					
METHOD OF DISPOSAL OF MUD PIT CONTENTS		N/A		MO Oil & Gas Council	
NOTE FILE THIS FORM IN DUPLICATE WITH (USE REVERSE SIDE FOR ADDITIONAL DETAIL)					
CERTIFICATE 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>Lester Town</i>				DATE 12-2-98	

RECEIVED  
DEC 10 1998