MISSOURI OIL AND GAS COUNCIL

Form OGC - 3

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL XX DEEPEN ☐ PLUG BACK ☐

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE Aug. 22, 1977

R. R. #4 (Address) Paola (City) Kansas 66071 (State)

DESCRIPTION OF WELL AND LEASE

Name of lease	Well number	Elevation (ground)
Walton	8-W	

WELL LOCATION (give footage from section lines)

1580 ft. from (N) X (S) sec. line 1595 ft. from (E) X (W) sec. line

WELL LOCATION Section 4 Township 46 Range 33 County Cass

Nearest distance from proposed location to property or lease line: 487.5' from N. pro. line 312.5' from E. pro. line

Distance from proposed location to nearest drilling, completed or applied – for well on the same lease: 188 feet

Proposed depth:	Rotary or Cable tools	Approx. date work will start
Approx. 600 feet	Rotary	When approved

Number of acres in lease: Approximately 85

Number of wells on lease, including this well, completed in or drilling to this reservoir: 22

Number of abandoned wells on lease: None

If lease, purchased with one or more wells drilled, from whom purchased: Name Harry Knoche Address Belton, Missouri

No. of Wells: producing ____ inactive ____ abandoned ____

Status of Bond

Single Well ☐ Amt. ____ Blanket Bond XX Amt. $10,000.00 XX 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.

Proposed casing program:

amt.	size	wt./ft.	cem.
app. 20'	6 1/4"		Surface
app. 600'	2"		Surface

Approved casing – To be filled in by State Geologist

amt.	size	wt./ft.	cem.

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. Town Oil Co.

Signature Ruth Town

~~Lester Town~~

Permit Number: 20036

Approval Date: 2 September 1977

Approved By: Wallace B. Ahrs

☒ SAMPLES REQUIRED

☐ 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 250 Rolla, Mo. 65401

One will be returned.

RECEIVED AUG 29 1977 MO. OIL & GAS COUNCIL

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.

Note: Permit approval for drilling only, not injection. Approval or denial for injection determined after Mechanical Integrity Test results reviewed and official notification given.

Missouri Oil and Gas Council **Form OGC-3I**

INJECTION WELL PERMIT APPLICATION: to drill, deepen, plug back, or convert an existing well

~~APPLICATION TO DRILL~~ ☒ DEEPEN ☐ PLUG BACK ☐ CONVERSION ☒

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 6-15-87

Rt. 4 (Address) Paola (City) Kansas 66071 (State)

DESCRIPTION OF WELL AND LEASE

Name of lease	Well number	Elevation (ground)
Walton	8W	

WELL LOCATION (give footage from section lines) 1580 ft. from (N) (S) sec line 1595 ft. from (E) (W) sec line

WELL LOCATION Section 4 Township 46 Range 33 COUNTY Cass

Nearest distance from proposed location to property or lease line 400 feet

Distance from proposed location to nearest drilling, completed or applied - for well on the same lease 230 feet

Proposed depth	Rotary or Cable tools	Drilling Contractor, name and address	Approx. date work will start
600	Rotary	Town Oil	When approved

Number of acres in lease approx 35

Number of wells on lease, including this well, completed in or drilling to this reservoir: _____

Number of abandoned wells on lease: _____

If lease purchased with one or more wells drilled, from whom purchased?

Name Harry Knoche

Address Walton, Mo.

No of Wells: producing _____ injection _____ inactive _____ abandoned _____

Status of Bond

Single Well ☐ Amt. _____ Blanket Bond ☒ Amt. 20,000 ☒ ON FILE ☐ ATTACHED

Outline Proposed Stimulation Program

water injection & secondary recovery

Proposed casing program

amt.	size	wt/ft	cem.
600	2"	3.25	to surface

Approved casing (To be filled in by State Geologist)

amt.	size	wt/ft	cem.

RECEIVED JUL 20 1987 MO Oil & Gas Council Economic Geology

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 Lester Town

Permit Number 20036

Approved Date 8/4/87

Approved by J. Williams KD

☐ SAMPLES REQUIRED ☐ SAMPLES NOT REQUIRED

WATER SAMPLES 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 250, 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.

8/1/84

I Partner of the Team Oil

Company confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by presence of a permit number and signature of authorized Council representative.

Driller's signature _____

Date _____

Proposed Operations Data

Proposed average daily injection, pressure 400 psig, rate 25 bpd/gpm, volume 300 bbl/gal

Approved average daily injection, (to be filled in by State Geologist). pressure 400 psig, rate 25 bpd/gpm, volume 300 bbl/gal

Proposed maximum daily injection, pressure 600 psig, rate 50 bpd/gpm, volume 1000 bbl/gal

Approved maximum daily injection, (to be filled in by State Geologist). pressure 400 psig, rate 50 bpd/gpm, volume 100 bbl/gal

Estimated fracture pressure/gradient of injection zone breakdown 800 psi/foot

Describe the source of the injection fluid produced + fresh water

Submit an appropriate analysis of the injection fluid. (Submit on separate sheet).

Describe the compatibility of the proposed injected fluid with that of the receiving formations, including total dissolved solids comparisons.

Give an accurate description of the injection zone including lithologic descriptions, geologic name, thickness, depth, porosity, and permeability.

Give an accurate description of the confining zones including lithologic description, geologic name, thickness, depth, porosity, and permeability.

Submit all available logging and testing data on the well.

Give a detailed description of any well needing corrective action which penetrates the injection zone in the area of review (½ mile radius around well). Include the reason for and proposed corrective action.

None

MISSOURI OIL AND GAS COUNCIL

Form OGC-5

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

New Well [X] Work-Over [ ] Deepen [ ] Plug Back [ ] Same Reservoir [ ] Different Reservoir [ ] Oil [ ] Gas [ ] Dry [ ]

Owner: Town Oil Co.	Address: R.R. #4, Paola, Kansas 66071
Lease Name: Walton	Well Number: 8-W
Location: 1580' N and 1595' E of Sec lines	Sec. — TWP-Range or Block & Survey: 4-46-33
County: Cass	Permit number (OGC3 number): 20036

Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT or Gr.) feet	Elevation of casing hd. flange feet
9-8-77	9-19-77			

Total depth	P. B. T. D.
614	

Producing interval (s) for this completion	Rotary tools used (interval) From 0 to 614 Drilling Fluid used water	Cable tools used (interval) From ..... to .....

Was this well directionally drilled?	Was directional survey made?	Was copy of directional survey filed?	Date filed
No			

Type of electrical or other logs run (list logs filed with the State Geologist): Electric log to be furnished at later date. Date filed:

CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

Purpose	Size hole drilled	Size casing set	Weight (lb./ft.)	Depth set	Sacks cement	Amt. pulled
Surface		6 1/4"		18		
Production		2"		612	Cemented to	surface

TUBING RECORD			LINER RECORD				
Size in.	Depth set ft.	Packer set at ft.	Size in.	Top ft.	Bottom ft.	Sacks cement	Screen (ft.)

PERFORATION RECORD			ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD	
Number per ft.	Size & type	Depth Interval	Am't. & kind of material used	Depth Interval

INITIAL PRODUCTION

Date of first production	Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:)

Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity API (Corr.)

Tubing pressure	Casing pressure	Cal'ted rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas—oil ratio

Disposition of gas (state whether vented, used for fuel or sold):

Method of disposal of mud pit contents: Covered with dirt.

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.

Town Oil Co.

By: Winton Town
Signature

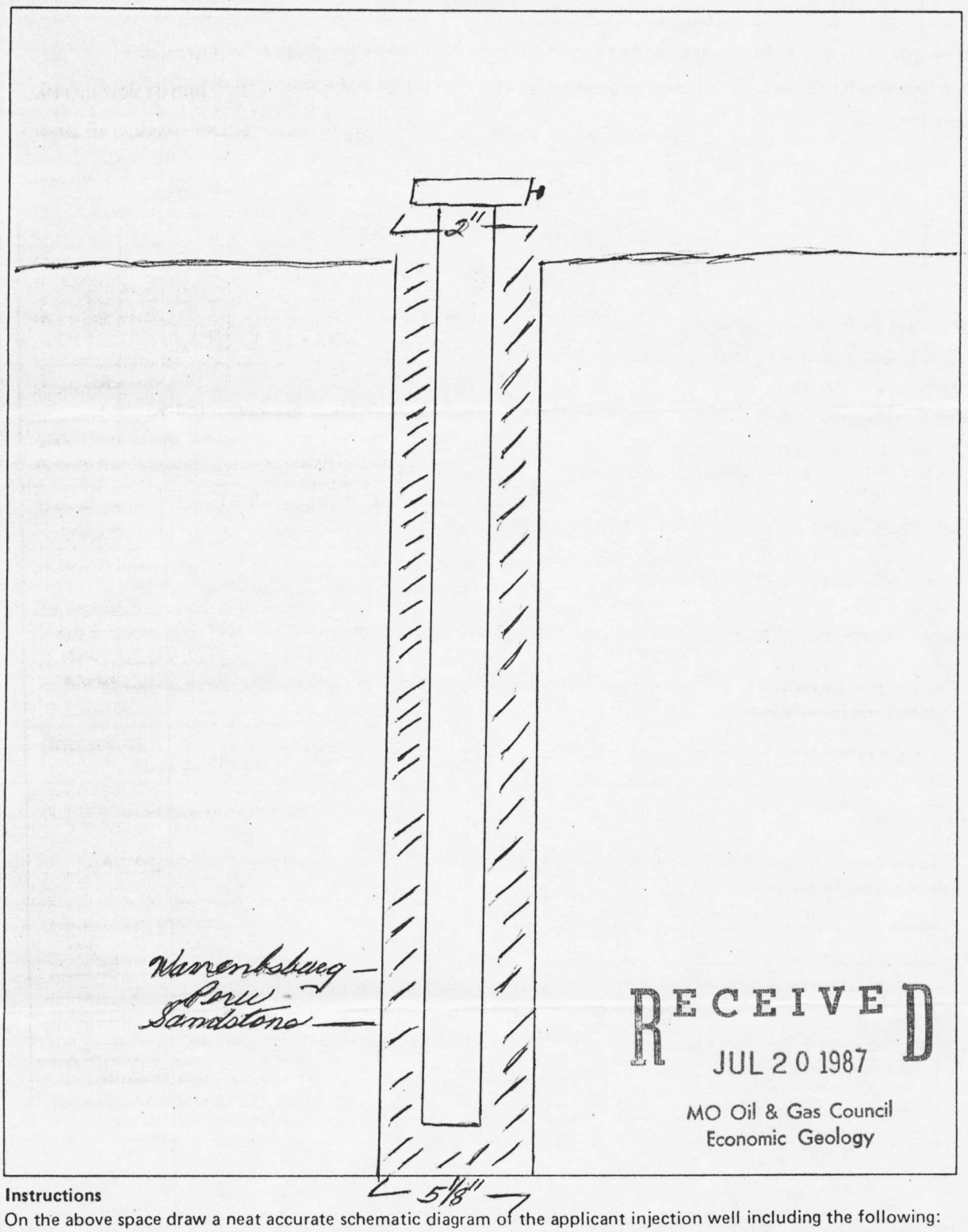
RECEIVED
NOV 14 1977
MO. OIL & GAS COUNCIL

Remit two copies; one will be returned.

County Cass Permit # _____ Operator Town Oil Well # 8W

Missouri Oil and Gas Council
INJECTION WELL SCHEMATIC

Form OGC-11



RECEIVED
JUL 20 1987
MO Oil & Gas Council
Economic Geology

Instructions

On the above space draw a neat accurate schematic diagram of the applicant injection well including the following: configuration of well head, total depth or plug back total depth, depth of all injection or disposal intervals, and their formation names, lithology of all formations penetrated, depths of the tops and bottoms of all casing and tubing, size and grade of all casing and tubing, and the type and depth of packer, depth, location, and type of all cement, depth of all perforations and squeeze jobs, and geologic name and depth to bottom of all underground sources of drinking water which may be affected by the injection. Use back if additional space is needed, or attach sheet.

TOWN OIL CO.

"Purchaser of Crude Oil"

Route 4
Paola, Kansas 66071

913-294-2854
913-294-4232

W00022

Well No. 8-W
Lease: F. M. Walton
Section 4, Township 46, Range 33
Cass County, Missouri

WELL LOG

Thickness of Strata	Formation	Total Depth	
2	Soil	2	
6	Clay	8	
4	Gravel	12	
33	Lime	45	
32	Shale	77	
11	Lime	88	
16	Shale	104	
8	Red Bed	112	
4	Shale	116	
3	Lime	119	
32	Shale	151	
1	Lime	152	
12	Shale	164	
2	Lime	166	
6	Shale	172	
33	Lime	205	
6	Shale	211	
19	Lime	230	
4	Shale	234	
1	Lime	235	
1	Shale	236	
1	Lime	237	
2	Shale	239	
6	Lime	245	(Hertha)
103	Shale	348	
7	Sand	355	
23	Shale	378	
9	Lime	387	
17	Shale	404	
2	Sandy Lime	406	
22	Shale	428	
4	Lime	432	
2	Shale	434	
1	Lime	435	
2	Shale	437	
1	Lime	438	
7	Shale	445	
8	Lime	453	
8	Sand	461	
16	Shale	477	

RECEIVED
NOV 14 1977
MO. OIL & GAS COUNCIL

TOWN OIL CO.

"Purchaser of Crude Oil"

Route 4
Paola, Kansas 66071

913-294-2854
913-294-4232

Well No. 8-W (Continued) Page 2
Lease: F. M. Walton

7	Lime	484	
3	Shale	487	
4	Sandy Lime	491	
33	Shale	524	
4	Lime	528	
44	Sandy Shale	572	
2	Sand	574	(Oil Showing)
13	Sandy Shale	587	
7	Shale	594	
20	Sand	614	
	TOTAL DEPTH	614	

RECEIVED
NOV 14 1977
MO. OIL & GAS COUNCIL

MECHANICAL INTEGRITY TEST REPORT

Test Date: 8-29-03 and 9-3-03

Operator: TOWN OIL COMPANY
Contact Person: Lester Town
Address: 16205 West 287th St. Paola, Ks. 66071
Phone: 913-294-2125

Lease WALTON Well # 8-W
County CASS Permit # 20036

TEST INFORMATION:

Type MIT: Pressure ✓ Radioactive Tracer Survey___ Temperature Survey___

	Run #1	Run #2	Run #3
Start Time:	~~12:45~~ 1:45	~~8~~ 9:45 am	
End Time:	2:47	11:40 am	
Length of Test: (Start Time minus End Time)	62 min	1 hour 55 min ~~1:55~~	
Initial Pressure (PSI):	90#	75#	
Ending Pressure (PSI):	90# (Friday)	72#	
Pressure Change: (Initial Pressure minus Ending Pressure)		-3#	

8:40 73.0
9:05 75

105 - 10:05
73 - 11:00
73 - 12:30pm

stabalized @ 73lb

Fluid used for test (water, nitrogen, CO2, ect.): Air

Comments about test: ~~574'~~ 169' of fluid ~~246#~~ Calculated 72#
Perfs 574'-582'
Fluid depression test
1st run could not pres up over 90#

(169')(.433) = 73.1 Psi

The bottom of the tested zone is shut in with Float Shoe + Cement at a depth of 574' ft. In signing the form below, it is certified that the above indicated well was tested for mechanical integrity on the date shown at the top of this page.

Signed: Stanley P. Hamblin — Operator Contact Person or Approved Agent

EOR — Title

DO NOT WRITE BELOW THIS LINE

Results were: Satisfactory ✓ Not Satisfactory___
State Agent: _____ Witnessed: Yes ✓ No___
REMARKS: Witnessed by Ted Fritz - EPA 8-29-03 and 9-3-03
Computer Update___ FILE WITH PERMIT!

Wells remeasured on 9-3, redone test also NP
Reviewed field characteristics, previously done MITS
Conf. w/ E.K.

OGC Misc Form 1

MECHANICAL INTEGRITY TEST REPORT

Test Date: 10/23/98

Operator: Town Oil Co.
Contact Person: Lester Town
Address: 16205 W. 287th St. Paola, Ks 66071
Phone: 913-294-2125

Lease Walton Well # 8-W
County Lass Permit # 20036

TEST INFORMATION:

Type MIT: Pressure X Radioactive Tracer Survey___ Temperature Survey___

	Run #1	Run #2	Run #3
Start Time:	1:00		
End Time:	1:25		
Length of Test: (Start Time minus End Time)	25 min		
Initial Pressure (PSI):	230#		
Ending Pressure (PSI):	230#		
Pressure Change: (Initial Pressure minus Ending Pressure)	0		

Fluid used for test (water, nitrogen, CO2, ect.): air

Comments about test: perf- 574-582'

The bottom of the tested zone is shut in with packer at a depth of 524' ft. In signing the form below, it is certified that the above indicated well was tested for mechanical integrity on the date shown at the top of this page.

Signed: Lester Town — Operator Contact Person or Approved Agent

Operator — Title

DO NOT WRITE BELOW THIS LINE

Results were: Satisfactory X Not Satisfactory___
State Agent: Sherri Stoner Witnessed: Yes X No___
REMARKS:
Computer Update SAB FILE WITH PERMIT!

OGC Misc Form 1

MECHANICAL INTEGRITY TEST REPORT

Test Date: 10 Aug 1993

Operator: Town Oil Co.
Contact Person: Lester Town
Address: 16205 West 287th St. Paola, Ks. 66071
Phone: 913-294-2125

Lease WALTON Well # 8-W
County CASS Permit # 20036

TEST INFORMATION:

Type MIT: Pressure___ Radioactive Tracer Survey___ Temperature Survey___

	Run #1	Run #2	Run #3
Start Time:	11:25		
End Time:	12:29		
Length of Test: (Start Time minus End Time)	64 min		
Initial Pressure (PSI):	74#		
Ending Pressure (PSI):	74#		
Pressure Change: (Initial Pressure minus Ending Pressure)			

Fluid used for test (water, nitrogen, CO2, ect.): Air

Comments about test: Perf 574-582 Fluid Depression Test
172' of Fluid in Hole x .43 = 74#

The bottom of the tested zone is shut in with Float Shoe & Cement at a depth of 574 ft. In signing the form below, it is certified that the above indicated well was tested for mechanical integrity on the date shown at the top of this page.

Signed: Sterling P. Hambuckle EOR
Operator Contact Person or Approved Agent — Title

DO NOT WRITE BELOW THIS LINE

Results were: Satisfactory ✓ Not Satisfactory___
State Agent: E. Kiles Witnessed: Yes___ No ✓
REMARKS:
Computer Update 9/9/93 CK FILE WITH PERMIT!

OGC Misc Form 1

MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
INJECTION WELL MONITORING REPORT

FORM 5010-17

TOTAL F.02

INSTRUCTIONS ▸ RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
Cass	037 20036	Town Oil Co.	Walton 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	1-28-06	
(02) FEB.	39		2-28-06	
(03) MARCH	39		3-28-06	
(04) APRIL	39		4-28-06	
(05) MAY	39		5-28-06	
(06) JUNE	39		6-28-06	
(07) JULY	39		7-28-06	
(08) AUG.	39		8-28-06	
(09) SEPT.	39		9-28-06	RECEIVED
(10) OCT.	39		10-28-06	AUG 24 2007
(11) NOV.	39		11-28-06	o Oil & Gas Counc
(12) DEC.	39		12-28-06	

MO 780-0038 (3-05)

REMIT TWO (2) COPIES TO: GEOLOGICAL SURVEY PROGRAM, P.O. BOX 250, ROLLA MO 65402, (573) 368-2143
(ONE (1) COPY WILL BE RETURNED)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

INJECTION WELL MONITORING REPORT

FORM OGC-12

INSTRUCTIONS ▸ RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
CASS	20036	TOWN OIL COMPANY	WALTON 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	1-31-08	RECEIVED
(02) FEB.	39	300	2-28-08	JAN 23 2009
(03) MARCH	39	300	3-31-08	Mo Oil & Gas Council
(04) APRIL	39	300	4-30-08	
(05) MAY	39	300	5-31-08	
(06) JUNE	39	300	6-30-08	
(07) JULY	39	300	7-31-08	
(08) AUG.	39	300	8-31-08	
(09) SEPT.	39	300	9-30-08	
(10) OCT.	39	300	10-31-08	
(11) NOV.	39	300	11-30-08	
(12) DEC.	39	300	12-31-08	

MO 780-0208 (8-06)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

FORM OGC-12

INJECTION WELL MONITORING REPORT

INSTRUCTIONS ▸	RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.			
COUNTY	CASS	PERMIT NUMBER	20036	OPERATOR: TOWN OIL COMPANY; WELL NUMBER: WALTON 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	1-31-09	
(02) FEB.	39	300	2-28-09	RECEIVED
(03) MARCH	39	300	3-31-09	JAN 25 2010
(04) APRIL	39	300	4-30-09	Mo Oil & Gas Council
(05) MAY	39	300	5-31-09	
(06) JUNE	39	300	6-30-09	
(07) JULY	39	300	7-31-09	
(08) AUG.	39	300	8-31-09	
(09) SEPT.	39	300	9-30-09	
(10) OCT.	39	300	10-31-09	
(11) NOV.	39	300	11-30-09	
(12) DEC.	39	300	12-31-09	

MO 780-0208 (8-06)

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ONE (1) COPY WILL BE RETURNED

Permit #: 20036

Date Issued: 9-2-77

County: Cass

Date Cancelled:

CONFIDENTIAL UNTIL:

Date Plugged:

OGC FORMS	Date Received
1	
2	
3	8-29-77
3i	7-20-87
4	
4i	
5	11-14-77
6	
7	
8	
11	7-20-87
12	
Misc. Form 2	

COMMENTS:

injection well

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

Additional Submitted Data:

MISSOURI OIL AND GAS COUNCIL

Form OGC - 3

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL XX DEEPEN ☐ PLUG BACK ☐

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE Aug. 22, 1977

R. R. #4 (Address) Paola (City) Kansas 66071 (State)

DESCRIPTION OF WELL AND LEASE

Name of lease	Well number	Elevation (ground)
Walton	8-W	

WELL LOCATION (give footage from section lines)

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WELL LOCATION: Section 4 Township 46 Range 33 County: Cass

Nearest distance from proposed location to property or lease line: 487.5' from N. pro. line; 312.5' from E. pro. line

Distance from proposed location to nearest drilling, completed or applied – for well on the same lease: 188 feet

Proposed depth:	Rotary or Cable tools	Approx. date work will start
Approx. 600 feet	Rotary	When approved

Number of acres in lease: Approximately 85

Number of wells on lease, including this well, completed in or drilling to this reservoir: 22

Number of abandoned wells on lease: None

If lease, purchased with one or more wells drilled, from whom purchased: Name Harry Knoche

Address Belton, Missouri

No. of Wells: producing ____ inactive ____ abandoned ____

Status of Bond: Single Well ☐ Amt. ____ Blanket Bond XX Amt. $10,000.00 XX 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.

Proposed casing program:

amt.	size	wt./ft.	cem.
app. 20'	6 1/4"		Surface
app. 600'	2"		Surface

Approved casing – To be filled in by State Geologist

amt.	size	wt./ft.	cem.

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. Town Oil Co.

Signature Ruth Town

~~Lester Town~~

Permit Number: 20036

Approval Date: 2 September 1977

Approved By: Wallace B. Ahrs

☒ SAMPLES REQUIRED

☐ 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 250 Rolla, Mo. 65401

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RECEIVED AUG 29 1977 MO. OIL & GAS COUNCIL

WATER SAMPLES REQUIRED @:

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Missouri Oil and Gas Council — Form OGC-3I

INJECTION WELL PERMIT APPLICATION: to drill, deepen, plug back, or convert an existing well

~~APPLICATION TO DRILL~~ ☒ DEEPEN ☐ PLUG BACK ☐ CONVERSION ☒

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 6-15-87

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600	Rotary	Town Oil	When approved

Number of acres in lease: approx 85
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Number of abandoned wells on lease: ____

If lease purchased with one or more wells drilled, from whom purchased?
Name Harry Knoche
Address Belton, Mo.

No of Wells: producing ____ injection ____ inactive ____ abandoned ____

Status of Bond
Single Well ☐ Amt. ____ Blanket Bond ☒ Amt. 20,000 ☒ ON FILE ☐ ATTACHED

Outline Proposed Stimulation Program
water injection & secondary recovery

Proposed casing program amt.	size	wt/ft	cem.	Approved casing amt.	size	wt/ft	cem.
600	2"	3.25	to surface				

To be filled in by State Geologist

RECEIVED
JUL 20 1987
MO Oil & Gas Council
Economic Geology

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 Lester Town

Permit Number 20036
Approved ~~Date~~ 8/16/87
Approved by J Williams KD

☐ SAMPLES REQUIRED ☐ SAMPLES NOT REQUIRED
WATER SAMPLES 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 250, 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.

8/1/84

I Partner of the Town Oil

Company confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by presence of a permit number and signature of authorized Council representative.

Driller's signature _____

Date _____

Proposed Operations Data

Proposed average daily injection, pressure 400 psig, rate 25 bpd/gpm, volume 300 bbl/gal

Approved average daily injection, (to be filled in by State Geologist). pressure 400 psig, rate 25 bpd/gpm, volume 300 bbl/gal

Proposed maximum daily injection, pressure 600 psig, rate 50 bpd/gpm, volume 1000 bbl/gal

Approved maximum daily injection, (to be filled in by State Geologist). pressure 400 psig, rate 50 bpd/gpm, volume 100 bbl/gal

Estimated fracture pressure/gradient of injection zone breakdown 800 psi/foot

Describe the source of the injection fluid produced & fresh water

Submit an appropriate analysis of the injection fluid. (Submit on separate sheet).

Describe the compatibility of the proposed injected fluid with that of the receiving formations, including total dissolved solids comparisons.

Give an accurate description of the injection zone including lithologic descriptions, geologic name, thickness, depth, porosity, and permeability.

Give an accurate description of the confining zones including lithologic description, geologic name, thickness, depth, porosity, and permeability.

Submit all available logging and testing data on the well.

Give a detailed description of any well needing corrective action which penetrates the injection zone in the area of review (½ mile radius around well). Include the reason for and proposed corrective action.

None

MISSOURI OIL AND GAS COUNCIL

Form OGC-5

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

New Well [X] Work-Over [ ] Deepen [ ] Plug Back [ ] Same Reservoir [ ] Different Reservoir [ ] Oil [ ] Gas [ ] Dry [ ]

Owner: Town Oil Co.	Address: R.R. #4, Paola, Kansas 66071
Lease Name: Walton	Well Number: 8-W
Location: 1580' N and 1595' E of Sec lines	Sec. — TWP-Range or Block & Survey: 4-46-33
County: Cass	Permit number (OGC3 number): 20036

Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT or Gr.) feet	Elevation of casing hd. flange feet
9-8-77	9-19-77			

Total depth	P. B. T. D.
614	

Producing interval (s) for this completion	Rotary tools used (interval) From 0 to 614 Drilling Fluid used water	Cable tools used (interval) From ... to ...

Was this well directionally drilled?	Was directional survey made?	Was copy of directional survey filed?	Date filed
No			

Type of electrical or other logs run (list logs filed with the State Geologist): Electric log to be furnished at later date. Date filed:

CASING RECORD

Casing (report all strings set in well—conductor, surface, intermediate, producing, etc.)

Purpose	Size hole drilled	Size casing set	Weight (lb./ft.)	Depth set	Sacks cement	Amt. pulled
Surface		6 1/4"		18		
Production		2"		612	Cemented to	surface

TUBING RECORD			LINER RECORD				
Size in.	Depth set ft.	Packer set at ft.	Size in.	Top ft.	Bottom ft.	Sacks cement	Screen (ft.)

PERFORATION RECORD			ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD	
Number per ft.	Size & type	Depth Interval	Am't. & kind of material used	Depth Interval

INITIAL PRODUCTION

Date of first production	Producing method (indicate if flowing, gas lift or pumping—if pumping, show size & type of pump:)

Date of test	Hrs. tested	Choke size	Oil prod. during test bbls.	Gas prod. during test MCF	Water prod. during test bbls.	Oil gravity API (Corr.)

Tubing pressure	Casing pressure	Cal'ted rate of Production per 24 hrs.	Oil bbls.	Gas MCF	Water bbls.	Gas—oil ratio

Disposition of gas (state whether vented, used for fuel or sold):

Method of disposal of mud pit contents: Covered with dirt.

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.

Town Oil Co.

By: Winton Town
Signature

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Remit two copies; one will be returned.

DETAIL OF FORMATIONS PENETRATED

Formation	Top	Bottom	Description*

*Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries.

INSTRUCTIONS:

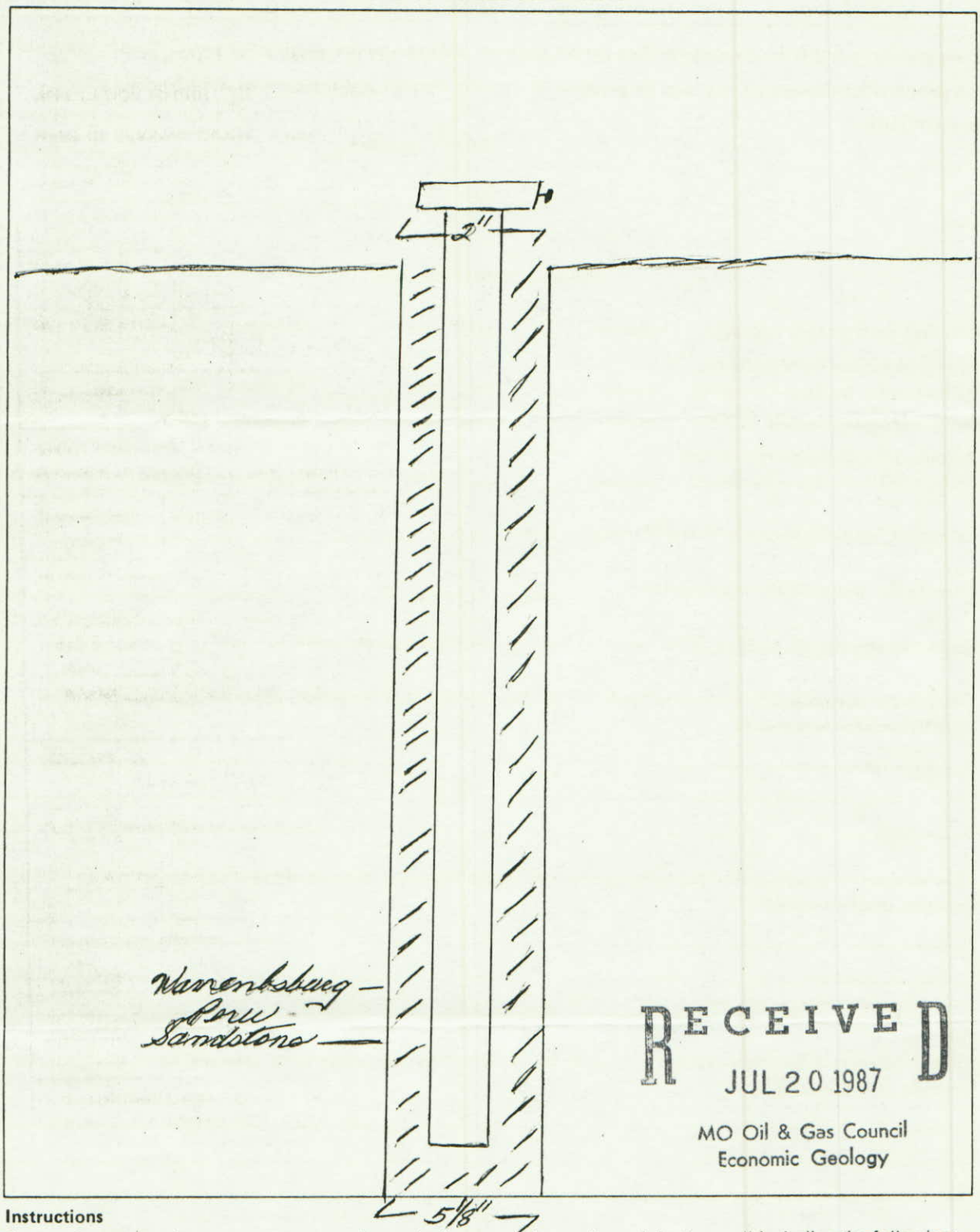
Attach drillers log or other acceptable log of well if available.

This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.

County Cass Permit # _____ Operator Town Oil Well # 8W

Missouri Oil and Gas Council
INJECTION WELL SCHEMATIC

Form OGC-11



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MO Oil & Gas Council
Economic Geology

Instructions

On the above space draw a neat accurate schematic diagram of the applicant injection well including the following: configuration of well head, total depth or plug back total depth, depth of all injection or disposal intervals, and their formation names, lithology of all formations penetrated, depths of the tops and bottoms of all casing and tubing, size and grade of all casing and tubing, and the type and depth of packer, depth, location, and type of all cement, depth of all perforations and squeeze jobs, and geologic name and depth to bottom of all underground sources of drinking water which may be affected by the injection. Use back if additional space is needed, or attach sheet.

3/12/82

TOWN OIL CO.

"Purchaser of Crude Oil"

Route 4
Paola, Kansas 66071

913-294-2854
913-294-4232

W00022

Well No. 8-W
Lease: F. M. Walton
Section 4, Township 46, Range 33
Cass County, Missouri

WELL LOG

Thickness of Strata	Formation	Total Depth
2	Soil	2
6	Clay	8
4	Gravel	12
33	Lime	45
32	Shale	77
11	Lime	88
16	Shale	104
8	Red Bed	112
4	Shale	116
3	Lime	119
32	Shale	151
1	Lime	152
12	Shale	164
2	Lime	166
6	Shale	172
33	Lime	205
6	Shale	211
19	Lime	230
4	Shale	234
1	Lime	235
1	Shale	236
1	Lime	237
2	Shale	239
6	Lime	245 (Hertha)
103	Shale	348
7	Sand	355
23	Shale	378
9	Lime	387
17	Shale	404
2	Sandy Lime	406
22	Shale	428
4	Lime	432
2	Shale	434
1	Lime	435
2	Shale	437
1	Lime	438
7	Shale	445
8	Lime	453
8	Sand	461
16	Shale	477

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MO. OIL & GAS COUNCIL

TOWN OIL CO.

"Purchaser of Crude Oil"

Route 4
Paola, Kansas 66071

913-294-2854
913-294-4232

Well No. 8-W (Continued) Page 2
Lease: F. M. Walton

7	Lime	484	
3	Shale	487	
4	Sandy Lime	491	
33	Shale	524	
4	Lime	528	
44	Sandy Shale	572	
2	Sand	574	(Oil Showing)
13	Sandy Shale	587	
7	Shale	594	
20	Sand	614	
	TOTAL DEPTH	614	

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MECHANICAL INTEGRITY TEST REPORT

Test Date: 8-5-08

Operator: Town Oil Company, Inc.
Contact Person: Lester Town
Address: 16205 West 287th St. Paola, Kansas 66071
Phone: 913-294-2125

Lease Walton Well # 8-W
County Cass Permit # 20036

TEST INFORMATION:

Type MIT: Pressure___ Radioactive Tracer Survey___ Temperature Survey___

	Run #1	Run #2	Run #3
Start Time:	4.00		
End Time:	4.30		
Length of Test: (Start Time minus End Time)	30		
Initial Pressure (PSI):	120		
Ending Pressure (PSI):	120		
Pressure Change: (Initial Pressure minus Ending Pressure)	0# 0% Drop		

Fluid used for test (water, nitrogen, CO2, ect.): Air

Comments about test:

The bottom of the tested zone is shut in with _____ at a depth of _____ ft. In signing the form below, it is certified that the above indicated well was tested for mechanical integrity on the date shown at the top of this page.

Signed: Stanley P. Beernhardt Jr. — Operator Contact Person or Approved Agent

EOR — Title

DO NOT WRITE BELOW THIS LINE

Results were: Satisfactory X Not Satisfactory___
State Agent: Jeff Jogan Witnessed: Yes X No___
REMARKS:
Computer Update X FILE WITH PERMIT!

OGC Misc Form 1

MECHANICAL INTEGRITY TEST REPORT

Test Date: 8-29-03 and 9-3-03

Operator: TOWN OIL COMPANY
Contact Person: Lester Town
Address: 16205 West 287th St. Paola, Ks. 66071
Phone: 913-294-2125

Lease WALTON Well # 8-W
County CASS Permit # 20036

TEST INFORMATION:

Type MIT: Pressure ✓ Radioactive Tracer Survey___ Temperature Survey___

	Run #1	Run #2	Run #3
Start Time:	~~12:45~~ 1:45	~~8~~ 9:45 am	
End Time:	2:47	11:40 am	
Length of Test: (Start Time minus End Time)	62 min	1 hour 55 min ~~1:55~~	
Initial Pressure (PSI):	90#	75#	
Ending Pressure (PSI):	90# (Friday)	72#	
Pressure Change: (Initial Pressure minus Ending Pressure)		-3#	

8:40 73.0
9:05 75

105 - 10:05
73 - 11:00
~~8~~73 - 12:30pm

stabalized @ 73lb

Fluid used for test (water, nitrogen, CO2, ect.): Air

Comments about test: ~~574'~~ 169' of fluid ~~276#~~ Calculated 72#
Perfs 574'-582'
Fluid depression test
1st run could not pres up over 90#

(169')(.433) = 73.1 Psi

The bottom of the tested zone is shut in with Float Shoe + Cement at a depth of 574' ft. In signing the form below, it is certified that the above indicated well was tested for mechanical integrity on the date shown at the top of this page.

Signed: Stanley R. Kemble — EOR
Operator Contact Person or Approved Agent — Title

DO NOT WRITE BELOW THIS LINE

Results were: Satisfactory ✓ Not Satisfactory___
State Agent: _____ Witnessed: Yes ✓ No___
REMARKS: Witnessed by Ted Fritz - EPA 8-29-03 and 9-3-03
Computer Update____ FILE WITH PERMIT!

OGC Misc Form 1

Was remeasured on 9-3, redone test also NP
Reviewed field characteristics, previously done MITS
Conf. w/ E.K.

MECHANICAL INTEGRITY TEST REPORT

Test Date: 10/23/98

Operator: Town Oil Co.
Contact Person: Lester Town
Address: 16205 W. 287th St. Paola, Ks 66071
Phone: 913-294-2125

Lease Walton Well # 8-W
County Lass Permit # 20036

TEST INFORMATION:

Type MIT: Pressure X Radioactive Tracer Survey___ Temperature Survey___

	Run #1	Run #2	Run #3
Start Time:	1:00		
End Time:	1:25		
Length of Test: (Start Time minus End Time)	25 min		
Initial Pressure (PSI):	230#		
Ending Pressure (PSI):	230#		
Pressure Change: (Initial Pressure minus Ending Pressure)	0		

Fluid used for test (water, nitrogen, CO2, ect.): air

Comments about test: perf- 574-582'

The bottom of the tested zone is shut in with packer at a depth of 524' ft. In signing the form below, it is certified that the above indicated well was tested for mechanical integrity on the date shown at the top of this page.

Signed: Lester Town — Operator Contact Person or Approved Agent

Operator — Title

DO NOT WRITE BELOW THIS LINE

Results were: Satisfactory X Not Satisfactory___
State Agent: Sherri Stoner Witnessed: Yes X No___
REMARKS:
Computer Update SAS FILE WITH PERMIT!

OGC Misc Form 1

MECHANICAL INTEGRITY TEST REPORT

Test Date: 10 Aug 1993

Operator: Town Oil Co.
Contact Person: Lester Town
Address: 16205 West 287th St. Paola, Ks. 66071
Phone: 913-294-2125

Lease WALTON Well # 8-W
County CASS Permit # 20036

TEST INFORMATION:

Type MIT: Pressure___ Radioactive Tracer Survey___ Temperature Survey___

	Run #1	Run #2	Run #3
Start Time:	11:25		
End Time:	12:29		
Length of Test: (Start Time minus End Time)	64 min		
Initial Pressure (PSI):	74#		
Ending Pressure (PSI):	74#		
Pressure Change: (Initial Pressure minus Ending Pressure)			

Fluid used for test (water, nitrogen, CO2, ect.): Air

Comments about test: Perf 574-582 Fluid Depression Test
172' of Fluid in Hole x .43 = 74#

The bottom of the tested zone is shut in with Float Shoe & Cement at a depth of 574 ft. In signing the form below, it is certified that the above indicated well was tested for mechanical integrity on the date shown at the top of this page.

Signed: Sterling P. Hambuckle EoR
Operator Contact Person or Approved Agent — Title

DO NOT WRITE BELOW THIS LINE

Results were: Satisfactory ✓ Not Satisfactory___
State Agent: E. Kiles Witnessed: Yes___ No ✓
REMARKS:
Computer Update 9/9/93 CK FILE WITH PERMIT!

OGC Misc Form 1

MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
INJECTION WELL MONITORING REPORT

TOTAL P.02

INSTRUCTIONS → RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
Cass	20036	Town Oil Co.	Walton 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	1-28-04	
(02) FEB.	39		2-28-04	
(03) MARCH	39		3-28-04	
(04) APRIL	39		4-28-04	
(05) MAY	39		5-28-04	
(06) JUNE	39		6-28-04	
(07) JULY	39		7-28-04	
(08) AUG.	39		8-28-04	
(09) SEPT.	39		9-28-04	
(10) OCT.	39		10-28-04	
(11) NOV.	39		11-28-04	
(12) DEC.	39		12-28-04	

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GEOLOGICAL SURVEY PROGRAM
INJECTION WELL MONITORING REPORT

TOTAL P.02

INSTRUCTIONS → RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
Cass	20036	Town Oil Co.	Walton 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	1-28-05	
(02) FEB.	39		2-28-05	
(03) MARCH	39		3-28-05	
(04) APRIL	39		4-28-05	
(05) MAY	39		5-28-05	
(06) JUNE	39		6-28-05	
(07) JULY	39		7-28-05	
(08) AUG.	39		8-28-05	
(09) SEPT.	39		9-28-05	
(10) OCT.	39		10-28-05	
(11) NOV.	39		11-28-05	
(12) DEC.	39		12-28-05	

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INJECTION WELL MONITORING REPORT

TOTAL F.02

INSTRUCTIONS ▸ RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
Cass	037 20036	Town Oil Co.	Walton 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	1-28-06	
(02) FEB.	39		2-28-06	
(03) MARCH	39		3-28-06	
(04) APRIL	39		4-28-06	
(05) MAY	39		5-28-06	
(06) JUNE	39		6-28-06	
(07) JULY	39		7-28-06	
(08) AUG.	39		8-28-06	
(09) SEPT.	39		9-28-06	
(10) OCT.	39		10-28-06	
(11) NOV.	39		11-28-06	
(12) DEC.	39		12-28-06	

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GEOLOGICAL SURVEY PROGRAM

INJECTION WELL MONITORING REPORT

FORM 6030-12

TOTAL P.02

INSTRUCTIONS ▸ RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
Cass	20036	Town Oil Co.	Walton 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	1-28-07	
(02) FEB.	39	300	2-28-07	RECEIVED
(03) MARCH	39	300	3-28-07	FEB 29 2008
(04) APRIL	39	300	4-28-07	Mo Oil & Gas Council
(05) MAY	39	300	5-28-07	
(06) JUNE	39	300	6-28-07	
(07) JULY	39	300	7-28-07	
(08) AUG.	39	300	8-28-07	
(09) SEPT.	39	300	9-28-07	
(10) OCT.	39	300	10-28-07	
(11) NOV.	39	300	11-28-07	
(12) DEC.	39	300	12-28-07	

MO 780-0098 (5-05)

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GEOLOGICAL SURVEY PROGRAM

FORM OGC-12

INJECTION WELL MONITORING REPORT

INSTRUCTIONS ▸ RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
CASS	20036	TOWN OIL COMPANY	WALTON 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	1-31-08	RECEIVED
(02) FEB.	39	300	2-28-08	JAN 23 2009
(03) MARCH	39	300	3-31-08	Mo Oil & Gas Council
(04) APRIL	39	300	4-30-08	
(05) MAY	39	300	5-31-08	
(06) JUNE	39	300	6-30-08	
(07) JULY	39	300	7-31-08	
(08) AUG.	39	300	8-31-08	
(09) SEPT.	39	300	9-30-08	
(10) OCT.	39	300	10-31-08	
(11) NOV.	39	300	11-30-08	
(12) DEC.	39	300	12-31-08	

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GEOLOGICAL SURVEY PROGRAM

FORM OGC-12

INJECTION WELL MONITORING REPORT

INSTRUCTIONS ▸	RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.			
COUNTY	CASS	PERMIT NUMBER 20036	OPERATOR TOWN OIL COMPANY	WELL NUMBER WALTON 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	1-31-09	
(02) FEB.	39	300	2-28-09	RECEIVED
(03) MARCH	39	300	3-31-09	JAN 25 2010
(04) APRIL	39	300	4-30-09	Mo Oil & Gas Council
(05) MAY	39	300	5-31-09	
(06) JUNE	39	300	6-30-09	
(07) JULY	39	300	7-31-09	
(08) AUG.	39	300	8-31-09	
(09) SEPT.	39	300	9-30-09	
(10) OCT.	39	300	10-31-09	
(11) NOV.	39	300	11-30-09	
(12) DEC.	39	300	12-31-09	

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GEOLOGICAL SURVEY PROGRAM

FORM OGC-12

INJECTION WELL MONITORING REPORT

INSTRUCTIONS ▸ RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
CASS	20036	TOWN OIL COMPANY	WALTON 8-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	39	300	~~12~~ 1-31-10	RECEIVED
(02) FEB.	39	300	~~12~~ 2-28-10	JAN 20 2011
(03) MARCH	39	300	~~12~~ 3-31-10	Mo Oil & Gas Council
(04) APRIL	39	300	~~12~~ 4-30-10	
(05) MAY	39	300	~~12~~ 5-31-10	
(06) JUNE	39	300	~~12~~ 6-30-10	
(07) JULY	39	300	~~12~~ 7-31-10	
(08) AUG.	39	300	~~12~~ 8-31-10	
(09) SEPT.	39	300	~~12~~ 9-30-10	
(10) OCT.	39	300	~~12~~ 10-31-10	
(11) NOV.	39	300	~~12~~ 11-30-10	
(12) DEC.	39	300	12-31-10	

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STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

INJECTION WELL MONITORING REPORT

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FORM OGC-12

INSTRUCTIONS ▶ Record Injection Rate and Injection Pressure at least monthly with the results submitted annually.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
Cass	20036	Altavista Energy, Inc.	Walton #8-W

MONTH	INJECTION RATE – bpd/gpm	INJECTION PRESSURE – psig	DATE MEASUREMENT TAKEN	REMARKS
(01) January	0	0	January 31, 2011	
(02) February	0	0	February 28, 2011	
(03) March	0	0	March 31, 2011	
(04) April	0	0	April 30, 2011	
(05) May	0	0	May 31, 2011	
(06) June	26.60	285	June 30, 2011	
(07) July	40.74	300	July 31, 2011	
(08) August	40.48	295	August 31, 2011	
(09) September	33.37	290	September 30, 2011	
(10) October	18.06	300	October 31, 2011	
(11) November	28.53	295	November 30, 2011	
(12) December	35.35	300	December 31, 2011	

MO 780-0208 (8-06)

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Mo Oil & Gas Council

FORM OGC-7

STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

PLUGGING RECORD

OWNER'S NAME	ADDRESS
Kansas Resource Exploration & Development, LLC	9393 W 110th Street, Ste. 500

NAME OF LEASE	WELL NUMBER	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER
Walton	8W	037-20036

LOCATION OF WELL SEC TWN RNG OR BLOCK AND SURVEY	LATITUDE	LONGITUDE	COUNTY
Sec. 4 Township 46 North Range 33 ☐ East ☑ West	N38 50.472	W94 34.457	Cass

APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF:	HAS THIS WELL EVER PRODUCED OIL OR GAS?	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY)	GAS (MCF/DAY)	DRY?
Town Oil Company	☑ Yes ☐ No	2	0	☐ Yes ☑ No

DATE OF ABANDONMENT	TOTAL DEPTH	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY)	GAS (MCF/DAY)	WATER (BBLS/DAY)
01/01/2013	614'	N/A	N/A	N/A

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, and depth of plugs used, giving amount of cement.
Squirrel Sandstone	Oil and Water	572'-587'	Squeezed 89 sks of Portland from surface to 595', topped off the well with 5 additional sks of Portland, shut in with 2" valve

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
2 3/8"	595'	0	595'	N/A	None

WAS WELL FILLED WITH MUD-LADEN FLUID?	INDICATE DEEPEST FORMATION CONTAINING FRESH WATER
☐ Yes ☑ No	None

NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE

NAME	ADDRESS	DIRECTION FROM THIS WELL
Maclaughlin, J.R. and A	1103 W47th, Apt B Kansas City, MO 64112	West
Beary, Helen	28 Briar Oaks Ln Reeds Springs, Mo 65737	East
Michael Effertz Farms LLC	16401 HOLMES RD, BELTON, MO 64012	South
Colt Energy, Rhoden Lease	4330 Shawnee Mssn Pky Fairway ks 66205	North

METHOD OF DISPOSAL OF MUD PIT CONTENTS There was no pit used in this process, cement was squeezed directly down the well

NOTE FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)

CERTIFICATE I, the undersigned, state that I am the Chief Operating Officer of the Kansas Resource Exploration and Development, LLC (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	DATE
BK	01/17/2013

MO 780-0217 (6-06) REMIT TWO (2) COPIES TO: GEOLOGICAL SURVEY PROGRAM, PO BOX 250, ROLLA, MO 65402 573/ 368-2143. ONE (1) COPY WILL BE RETURNED.