

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL  DEEPEN  PLUG BACK

NAME OF COMPANY OR OPERATOR MAINLINE USA INC. DATE Feb. 9/81  
227 1/2 S. MAIN ST OTTAWA KANSAS

Address			City			State		
DESCRIPTION OF WELL AND LEASE								
Name of lease <u>BERTHA SLAGER</u>				Well number <u>1</u>		Elevation (ground) <u>910 (TM)</u>		
WELL LOCATION (give footage from section lines) <u>1485</u> ft. from (N)(S) sec. line <u>165</u> ft. from (E)(W) sec. line								
WELL LOCATION Section <u>34</u> Township <u>44</u> Range <u>33</u>						County <u>CASS</u>		
Nearest distance from proposed location to property or lease line: <u>165</u> feet				Distance from proposed location to nearest drilling, completed or applied - for well on the same lease: <u>990</u> feet				
Proposed depth: <u>200'</u>			Rotary or Cable tools <u>ROTARY</u>			Approx. date work will start <u>FEBRUARY 16, 1981</u>		
Number of acres in lease: <u>160</u>				Number of wells on lease, including this well, completed in or drilling to this reservoir: <u>4</u> Number of abandoned wells on lease: <u>-</u>				
If lease, purchased with one or more wells drilled, from whom purchased: Name _____ Address _____						No. of Wells: producing _____ inactive _____ abandoned _____		
Status of Bond Single Well <input type="checkbox"/> Amt. _____ Blanket Bond <input checked="" type="checkbox"/> Amt. <u>\$20,000</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.								
Proposed casing program:				Approved casing - To be filled in by State Geologist				
amt.	size	wt./ft.	cem.	amt.	size	wt./ft.	cem.	
<u>25'</u>	<u>7"</u>	<u>27</u>	<u>YES</u>					
<u>200'</u>	<u>2 3/8"</u>	<u>3.75</u>	<u>TD TO SURF</u>					
I, the undersigned, state that I am the <u>PRODUCTION MANAGER</u> of the <u>MAINLINE USA INC.</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: <u>[Signature]</u>								

Permit Number 120147

Approval Date: 2/11/81  
Approved By: W.S. Wallace B. Howe

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

SAMPLES REQUIRED  
 SAMPLES NOT REQUIRED

RECEIVED

WATER SAMPLES REQUIRED @: FEB 11 1981

MISSOURI 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.

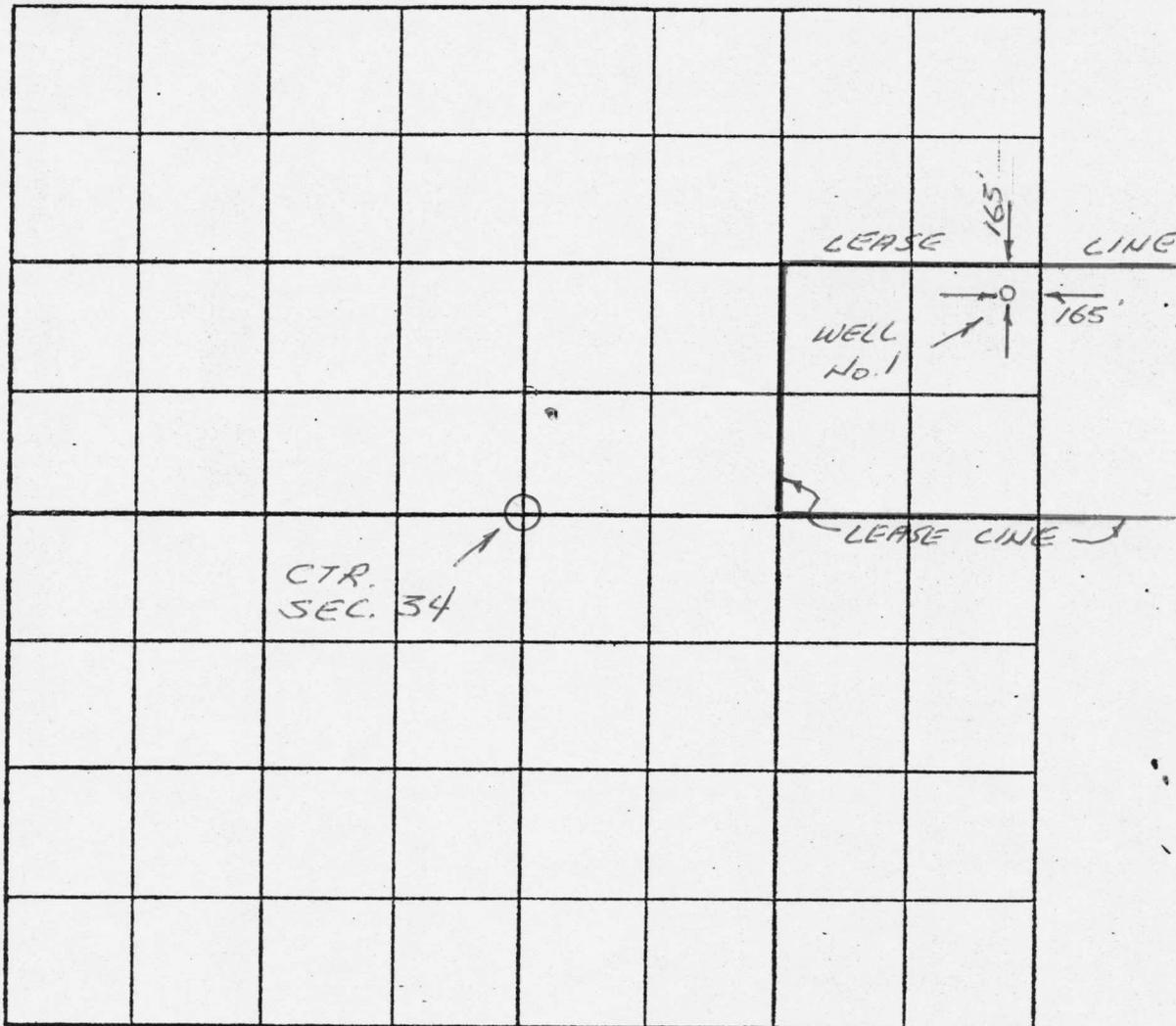
WELL LOCATION PLAT

Owner: BERTHA M. SLAGER

Lease Name: BERTHA M. SLAGER

County, CASS

1485' feet from (N) (S) line and 165' feet from (E) (W) line of Sec. 34 Twp. 44 Range 33

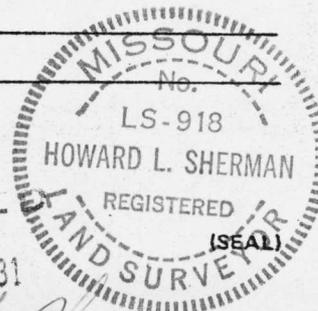


REMARKS: LESSEE: MAINLINE U.S.A. INC.  
227 1/2 SOUTH MAIN STREET  
OTTAWA, KANSAS  
WELL NO. 1

INSTRUCTIONS

On the above plat, show distance of the proposed well from the two nearest lease and section lines, and from the nearest well on the same lease completed in or drilling to the same reservoir. If the location requested is not in conformance with the applicable well-spacing rules, show all off-setting wells to the proposed well. Do not confuse survey lines with lease lines. See rule 7 - 3 (b) for survey requirements.

Remit two copies to: Missouri Oil and Gas Council  
P.O. Box 250 Rolla, Mo. 65401  
One will be returned.



*Howard L. Sherman*  
Howard L. Sherman  
Registered Land Surveyor

MISSOURI OIL AND GAS COUNCIL

Form OGC-5

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

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

Owner <i>Mainline USA Inc.</i>		Address <i>227 1/2 S. Main Ottawa, Ks.</i>			
Lease Name <i>Slager</i>		Well Number <i>1</i>			
Location <i>1405' FNL 165' FEL Sec. 34 Twp. 44 R 33</i>					Sec. - TWP-Range or Block & Survey
County <i>Cass</i>	Permit number (OGC3 number) <i>20147</i>				
Date spudded	Date total depth reached	Date completed, ready to produce	Elevation (DF, RKB, RT or GL) feet <i>910</i>	Elevation of casing hd. flange <i>910 feet</i>	
Total depth <i>184'</i>	P. B. T. D <i>184'</i>				
Producing interval (s) for this completion			Rotary tools used (interval) From <i>0</i> to <i>TD</i> Drilling Fluid used <i>mud</i>	Cable tools used (interval) From <i>NA</i> to	
Was this well directionally drilled? <i>NO</i>	Was directional survey made? <i>NO</i>	Was copy of directional survey filed? <i>NO</i>	Date filed <i>NA</i>		
Type of electrical or other logs run (list logs filed with the State Geologist)				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
<i>Surf. Csg</i>	<i>8 5/8"</i>	<i>7"</i>	<i>23.0"</i>	<i>0-25'</i>	<i>4</i>	<i>-</i>

TUBING RECORD

LINER RECORD

Size	Depth set	Packer set at	Size	Top	Bottom	Sacks cement	Screen (ft.)
<i>2-7/8 in.</i>	<i>184 ft.</i>		<i>in.</i>	<i>ft.</i>	<i>ft.</i>		

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Amt. & 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): <i>1 1/4" insect Pump</i>				
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'd 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:

*Evaporation - pit covered*

CERTIFICATE: I, the undersigned, state that I am the *Engineering Consultant* of the *Mainline USA Inc.* (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.

*David J. Miles*  
Signature RECEIVED

JUL 31 1981

Remit two copies: one will be returned.

MO. OIL & GAS COUNCIL

PLUGGING RECORD

Owner <b>KANSAS PETROLEUM PROPERTIES, INC</b>		Address <b>Box 145 Chanute, KS 66720</b>			
Name of Lease <b>BERTHA SLAGER</b>		Well No. <b>1</b>	Permit Number (OGC-3 or OGC-3I number) <b>20147</b>		
Location of Well <b>1485' FNL 165' FEL</b>		Sec-Twp-Rng or Block & Survey <b>534-44-33</b>		County <b>CASS</b>	
Application to drill this well was filed in name of <b>MAINLINE USA INC</b>		Has this well ever produced oil or gas? <b>NO</b>	Character of well at completion (initial production) Oil (bbls/day) <b>0</b> Gas (MCF/day) <b>0</b>		Dry? <b>YES</b>
Date Abandoned <b>7-7-83 12:15 PM</b>	Total depth <b>184</b>	Amount well producing prior to abandonment Oil (bbls/day) <b>0</b> Gas (MCF/day) <b>0</b>		Water (bbls/day) <b>0</b>	
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	
<b>NOT KNOWN</b>		<b>NOT KNOWN</b>		<b>NOT KNOWN</b>	
<b>PLUGGING OPERATION: 148' 2" IN HOLE NOT CEMENTED. RAN 2" BACK IN TO 125' AND CEMENTED W/ 90 SXS. PULLED 2" AND FILLED HOLE W/ 2 SXS (TOTAL 22 SXS CEMENT)</b>					
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
<b>7"</b>	<b>10'</b>	<b>10'</b>	<b>0</b>	<b>PULLED</b>	
<b>2 3/8"</b>	<b>148</b>	<b>148</b>	<b>0</b>	<b>"</b>	
Was well filled with mud-laden fluid?		Indicate deepest formation containing fresh water.			
<b>NAMES AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE</b>					
Name		Address		Direction from this well:	
<b>EDWARD LEWIS (SURFACE)</b>		<b>RR#1 CLEVELAND MO</b>		<b>WEST</b>	
<b>ROBERT HOCKER (" )</b>		<b>" " "</b>		<b>NORTH</b>	
<b>RICHARD MORRISON (" )</b>		<b>" " "</b>		<b>EAST</b>	
<b>WILLIS LEE (" )</b>		<b>" " "</b>		<b>SOUTH</b>	
Method of disposal of mud pit contents: <b>EVAPORATION - PITS BACKFILLED AND LEVELED</b>					
Use reverse side for additional detail.					
File this form in duplicate with					
CERTIFICATE: I, the undersigned, state that I am the <b>CONSULTING ENGINEER</b> of the <b>KANSAS PETROLEUM PROPERTIES INC</b> (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 <b>K. Byram</b>	

**RECEIVED**

**OCT 11 1983**

Plugging Release

For valuable consideration the receipt and sufficiency of which is hereby acknowledged, I, BERTHA SLAGER, owner of the real property subject to the oil and gas lease described as follows:

SE 1/4 NE 1/4 SEC 34 - T44N R33W AND  
S 1/2 NW 1/4 & SW 1/4 NE 1/4 SEC 35 - T44N R33W  
CONTAINING 160 ACRES MORE OR LESS  
ALL IN CASS COUNTY MISSOURI

have inspected my property and to the best of my knowledge all holes drilled for the purpose of oil and/or gas have been properly plugged.

Dated 7-12-83

Signed Bertha M. Slager

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OCT 11 1983  
MO. OIL & GAS COUNCIL

STATION Chanute OPERATOR Freeze Mader P.O. Box 884 Chanute, Kansas 66720 Phone (316) 431-9210 Ticket 41574

**CONSOLIDATED OIL WELL SERVICES, INC.**

Date	Customer's Acct. No.	Sec.	Twp.	Range	Well No. & Farm	Place or Destination
7-7-83	2563	34+35	44	33	#1,2,3+4 Slager	Freeport
Charge To				Owner	County	
Elkhound					Cass	
Mailing Address				Contractor	State	
					Mo.	
City & State				Well Owner Operator Contractor		

**CEMENTING SERVICE DATA**

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New	Bore Size	Bottom	Circulating	Requested
Production	Used	Total Depth	Top	Minimum	Necessity
Squeeze	Size	196	Head	Maximum	Measured
Pumping	Weight	Cable Tool	FLOAT EQUIPMENT	Sacks Cement	
Other	Depth	Rotary		Type & Brand	
Plugs	Type	✓		Admixes	

**FRACTURING - ACIDIZING SERVICE DATA**

Type of Job	At Intervals of				
Barrels Fracturing Fluid	Breakdown Pressure from	psi to	psi		
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM
Sand	Gals. Treating Acid	Type	Open Hole Diameter		
Well Treating Through: Tubing	Casing	Annulus	Size	Weight	
Remarks:					
No. Perforations	Pay Formation Name	Depth of Job			Ft.

**INVOICE SECTION**

CEMENTING				FRACTURING - ACIDIZING			
Pumping Charge	4	Office Use	\$ 600.00	Pumping Charge		Office Use	\$
Pumping Charge	@	Use	\$	Pumping Charge	@	Use	\$
76 Sacks Bulk Cement	@ 5.00	1101	380.00	12x30 Sand	@		
Ton Mileage on Bulk Cement	@ 60	6401	161.88	10x20 Sand	@		
Premium Gel	@			x Sand	@		
Flo-Seal	@			Ton Mileage	@		
Calcium Chloride	@			Gals., Acid	@		
Plug	@			Chemicals	@		
Equipment	@				@		
1 - 215X	@				@		
2 - 195X	@				@		
3 - 205X	@			Potassium Chloride	@		
4 - 165X	@			Rock Salt	@		
Granulated Salt	@			Water Gel	@		
Transport Truck ( Hrs.)	@			Transport Truck ( Hrs.)	@		
Vac Truck ( 3 Hrs.)	@ 44.00	6201	132.00	Vac Truck ( Hrs.)	@		
Fuel Surcharge	@			Fuel Surcharge	@		
		Tax	15.20			Tax	

A Finance Charge computed at 1 1/4% per month (annual percentage rate of 21%) will be added to balance over 30 days.

Total \$ 1289.08

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OCT 11 1983

**Consolidated Oil Well Services, Inc.**

211 West 14th Street  
 Chanute, Kansas 66720  
 P.O. Box 884  
 Phone: (316) 431-7690 (Office)  
 (316) 431-9210 (Shop)

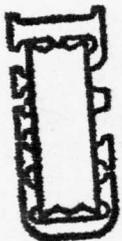
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 MO. OIL & GAS COUNCIL

INVOICE DATE	INVOICE NO.
7/19/83	7079

TERMS: Net 30 Days

A Finance Charge computed at 1 3/4 % per month (annual percentage rate of 21 %) will be added to balances over 30 days.

66092



PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	ITEM NUMBER	LOCATION	LEASE AND WELL NO.	DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	EXTENDED PRICE
2563		3	#1,2,3,4	SLAGER	7/07/83	41574		0000000000
101	4	0		PROJECT PRICE	4	150.00	CHG	600.00
101	76	0		BULK CEMENT	76	5.00	SK	380.00
401	1	0		TON MILEAGE	1	161.88	CHG	161.88
201	3	0		TRUCKING-VACUUM	3	44.00	HR	132.00

*Smacked 7-31*  
**POSTED**

SS INVOICE	TAX	PLEASE PAY
1,273.88	15.20	1,289.08

Thank You!

Permit #: 20147

Date Issued: 2-11-81

County: Cass

Date Cancelled: \_\_\_\_\_

CONFIDENTIAL UNTIL: \_\_\_\_\_

Date Plugged: 7-7-83

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	2-11-81
3i	
4	2-11-81
4i	
5	7-31-81
6	
7	10-11-83
8	
11	
12	
Misc. Form 2	

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

Additional Submitted Data: