

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

DESCRIPTION OF WELL AND LEASE			
Name of lease <u>BERTHA SLAGER</u>	Well number <u>4</u>	Elevation (ground) <u>882' (TM)</u>	
WELL LOCATION (give footage from section lines) <u>2471</u> ft. from (N)(S) sec. line <u>1479</u> ft. from (E)(W) sec. line			
WELL LOCATION Section <u>35</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>1650</u> feet	
Proposed depth: <u>200'</u>	Rotary or Cable tools <u>ROTARY</u>	Approx. date work will start <u>FEBRUARY 17, 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. <u>25'</u> <u>200'</u>	size <u>7"</u> <u>2 3/8"</u>	wt./ft. <u>27 #</u> <u>3.75#</u>	cem. <u>YES</u> <u>TD 6 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>Philip P. [Signature]</u>			

Permit Number 20149  
Approval Date: 2/11/81  
Approved By: Les. Wallace B. Howe

SAMPLES REQUIRED  
 SAMPLES NOT REQUIRED  
**RECEIVED**  
**FEB 11 1981**

Note: This Permit not transferable to any other person or to any other location.

WATER SAMPLES REQUIRED @ OIL & GAS COUNCIL

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

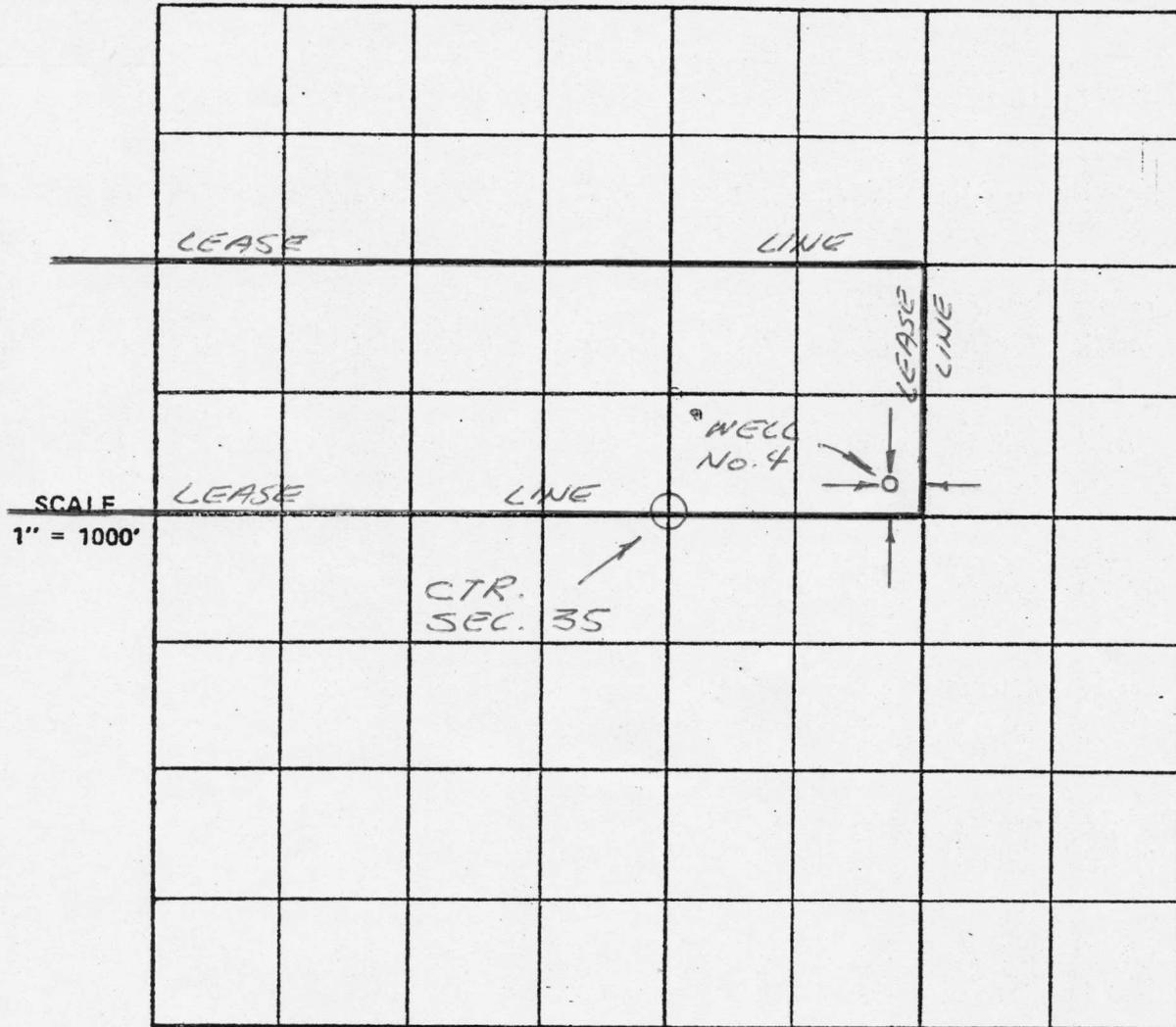
Approval of this permit by the Oil and Gas Council does not constitute endorsement of the geologic merits of the proposed well nor endorsement of the qualifications of the permittee.

WELL LOCATION PLAT

Owner: BERTHA M. SLAGER

Lease Name: BERTHA M. SLAGER County, CASS

2471' feet from (N) (S) line and 1479' feet from (E) (W) line of Sec. 35 Twp. 44 Range 33



REMARKS: LESSEE: MAINLINE U.S.A. INC.  
227 1/2 SOUTH MAIN STREET  
OTTAWA, KANSAS  
WELL NO. 4

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.

RECEIVED  
 FEB 11 1981  
 MISSOURI  
 No. LS-918  
 DOWARD L. SHERMAN  
 REGISTERED  
 LAND SURVEYOR (SEAL)  
 MO. OIL & GAS COUNCIL

*Edward 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: MAINLINE USA INC. Address: 105 East Madison, Iola, Kansas 66749

Lease Name: Slager, B. Well Number: 4

Location: 2471' fns1 1479' fes1 Sec. — TWP-Range or Block & Survey: S-35 T-44 R-33

County: Cass Permit number (OGC3 number): #20149

Date spudded: 2-14-81 Date total depth reached: 2-14-81 Date completed, ready to produce: Dry Elevation (DF, RKB, RT or Gr.) feet: 882' Elevation of casing hd. flange feet: 883'

Total depth: 196' P. B. T. D: 196'

Producing interval (s) for this completion: Dry Rotary tools used (interval): From ... to ... Mud Drilling Fluid used: Cable tools used (interval): From ... to ... NA

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

Type of electrical or other logs run (list logs filed with the State Geologist): None Date filed: No

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
Surf. Csg.	8 5/8"	7"	23.0	25	4	
Long String	5 1/8"	None				

TUBING RECORD

LINER RECORD

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

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

Number per ft.	Size & type	Depth Interval	Am't. & kind of material used	Depth Interval
DRY				

INITIAL PRODUCTION

Date of first production: DRY		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'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: Mud pits back filled

CERTIFICATE: I, the undersigned, state that I am the Landman 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.

RECEIVED

MAR 02 1983

Signature: *Jerome T. O'Connell* Landman

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>4</b>	Permit Number (OGC-3 or OGC-3I number) <b>20149</b>		
Location of Well <b>2471' FNL 1479' FEL</b>		Sec-Twp-Rng or Block & Survey <b>S 35-44-33</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 11:30 AM</b>	Total depth <b>196</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 OPERATIONS: RAN 1" TO 110' TO BRIDGE. PULLED TO 100' AND CEMENTED W/ 15 SXs. PULLED 1" AND FILLED HOLE TO SURFACE W/ 1 SX FOR A TOTAL OF 16 SXs.</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>?</b>	<b>3'</b>	<b>?</b>	<b>CUT OFF.</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 &amp; 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. Bryan</b> <b>RECEIVED</b>	

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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# 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	Freeman
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	5 7/8	Bottom		Circulating	200	Requested
Production	Used	Total Depth	184	Top		Minimum	100	Necessity
Squeeze	Size		196	Head		Maximum	400	Measured
Pumping	Weight	Cable Tool		FLOAT EQUIPMENT		Sacks Cement	76	
Other Plugs	Depth	Rotary	✓			Type & Brand	50/50 Poz Mix	
	Type					Admixes		

## FRACTURING - ACIDIZING SERVICE DATA

Type of Job	At Intervals of					
Bbls Fracturing Fluid	Breakdown Pressure from	psi to		psi		
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM	Close In
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 - 21 SX	@				@		
2 - 19 SX	@				@		
3 - 20 SX	@			Potassium Chloride	@		
4 - 16 SX	@			Rock Salt	@		
Granulated Salt	@			Water Gel	@		
Transport Truck ( Hrs.)	@			Transport Truck ( Hrs.)	@		
Vac Truck ( 3 Hrs.)	@ 44.00	6211	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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**Consolidated Oil Well Services, Inc.**

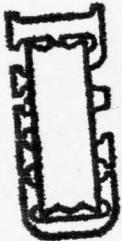
211 West 14th Street  
 Chanute, Kansas 66720  
 P.O. Box 884  
 Phone: (316) 431-7690 (Office)  
 (316) 431-9210 (Shop)

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 OCT 11 1983  
 MO. OIL & GAS COUNCIL

INVOICE DATE	INVOICE NO.
7/19/83	7079

S  
 O ELKHOUND RES.  
 L BOX 219 B RT #1  
 D WELLSVILLE, KS

66092



PLEASE REFER TO THIS ACCOUNT NUMBER WHEN MAKING INQUIRIES

ACCOUNT NO.	2563	LOCATION	3	LEASE AND WELL NO.	#1, 2, 3, 4, SLAGER	JOB TICKET NO.	41574	EXTENDED PRICE	0000000000
ITEM NUMBER					DESCRIPTION	UNITS	UNIT PRICE	UNIT MEAS	

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

*Invoice # 1-31*  
**POSTED**  
*2/10*

SS INVOICE	1,274.88	TAX	15.20	PLEASE PAY	1,289.08
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Thank you!

Permit #: 20149

Date Issued: 2-11-81

County: Cass

Date Cancelled:

CONFIDENTIAL UNTIL:

Date Plugged: 7-12-83

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	2-11-81
3i	
4	2-11-81
4i	
5	3-2-83
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:			