

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL DEEPEN PLUG BACK

NAME OF COMPANY OR OPERATOR Clark S. Rhoden dba Englevale DATE June 30, 1981
3600 Broadway #12 Kansas City Oil Co. Mo. 64111

Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease Needels	Well number 1	Elevation (ground) 1070.0
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WELL LOCATION (give footage from section lines)
1,480.66 ft. from ~~107~~ (S) sec. line 1,803.00 ft. from (E) ~~107~~ sec. line

WELL LOCATION Section 28 Township 46 Range 33 County Cass

Nearest distance from proposed location to property or lease line: 825 feet
 Distance from proposed location to nearest drilling, completed or applied - for well on the same lease: 233 feet est.

Proposed depth: 680	Rotary or Cable tools Rotary	Approx. date work will start July 3, 1981
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Number of acres in lease: 266	Number of wells on lease, including this well, completed in or drilling to this reservoir: _____ Number of abandoned wells on lease: <u>1</u> see remarks
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If lease, purchased with one or more wells drilled, from whom purchased: Name _____ No. of Wells: producing _____ inactive _____ Address _____ abandoned _____

Status of Bond
 Single Well Amt. _____ Blanket Bond Amt. 20,000.00 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.
Well of record shown 1320' North of South section line and 1650' West of East section. The surveyor has been unable to find this abandoned well.

Proposed casing program:				Approved casing - To be filled in by State Geologist			
amt.	size	wt./ft.	cem.	amt.	size	wt./ft.	cem.
<u>680</u>	<u>4</u>	<u>10.4</u>	<u>yes</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

I, the undersigned, state that I am the Operations Manager of the Clark S. Rhoden (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 Charles G. Randall

Permit Number 20206
 Approval Date: 8/12/81
 Approved By: William B. Howe

SAMPLES REQUIRED **RECEIVED**
 SAMPLES NOT REQUIRED
JUL 06 1981

Note: This Permit not transferable to any other person or to any other location. WATER SAMPLES REQUIRED @: _____ MO. 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.

**MISSOURI OIL AND GAS COUNCIL
PLUGGING RECORD**

Form OGC-7

Owner Clark S. Rhoden		Address 3600 Broadway #12, K.C.Mo. 64111	
Name of Lease Needels		Well No. #1	Permit # 20206
Location of Well 825' 233'		Sec-Twp-Rge or Block & Survey Sec.28,T46,R33	
County Cass		Application to drill this well was filed in name of Clark S. Rhoden DBA/ Englevale Oil Co.	
Has this well ever produced oil or gas No		Character of well at completion (initial production) Oil (bbls/day) _____ Gas (MCF/day) _____	
Dry? YES		Date Abandoned: 9-28-81	
Total depth 400		Amount well producing prior to abandonment. Oil (bbls/day) _____ Gas (MCF/day) _____	
Water (bbls./day)		Name of each formation containing oil or gas. Indicate which formation open to well-bore at time of abandonment None	
Fluid content of each formation		Depth interval of each formation	
Size, kind & depth of plugs used. Indicate zones squeeze cemented, giving amount cement.		Grout Mix Cement to TD	

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
7 "			0	N.A.	

Was well filled with mud-laden fluid? _____ Indicate deepest formation containing fresh water.
None

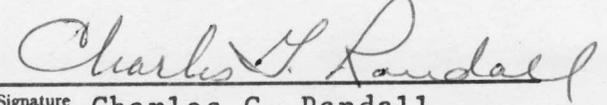
NAMES AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE

Name	Address	Direction from this well:

Method of disposal of mud pit contents: **Evaporation and soaking into ground, Pit backfilled**

Use reverse side for additional detail
File this form in duplicate with _____

CERTIFICATE: I, the undersigned, state that I am the **E.V.P.** of the **Englevale 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.

RELEASED *yes Bmn*

 Signature **Charles G. Randall**

RECEIVED

NOV 20 1981

Remit two copies; one will be returned

Permit #: 20206

Date Issued: 8-12-81

County: Cass

Date Cancelled: _____

CONFIDENTIAL UNTIL: _____

Date Plugged: 9-28-81

COMMENTS:

OGC FORMS	Date Received
1	
2	
3	
3i	7-6-81
4	
4i	
5	
6	
7	11-20-81
8	
11	
12	
Misc. Form 2	

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

Additional Submitted Data: