



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI OIL AND GAS COUNCIL

**APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK**

APPLICATION TO DRILL     DEEPEN     PLUG BACK     FOR AN OIL WELL     OR GAS WELL

NAME OF COMPANY OR OPERATOR <b>MARY C. McPHERON</b>		DATE <b>6-21-95</b>	
ADDRESS <b>208 E. 177th St.</b>	CITY <b>BELTON</b>	STATE <b>MO</b>	ZIP CODE <b>64012</b>

**DESCRIPTION OF WELL AND LEASE**

NAME OF LEASE <b>FEE</b>	WELL NUMBER <b>#1</b>	ELEVATION (GROUND) <b>1047' (topo map)</b>
WELL LOCATION <i>Approx</i> <b>1300</b> FT. FROM (N)(S) SECTION LINE		(GIVE FOOTAGE FROM SECTION LINE) <i>Approx</i> <b>2600</b> FEET FROM (E) (W) SECTION LINE
WELL LOCATION    SECTION <b>17</b>	TOWNSHIP <b>46N</b>	RANGE <b>33W</b>
		COUNTY <b>CASS</b>

NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE \_\_\_\_\_ FEET  
DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED — FOR WELL ON THE SAME LEASE \_\_\_\_\_ FEET

PROPOSED DEPTH <b>~ 600'</b>	DRILLING CONTRACTOR, NAME AND ADDRESS	ROTARY OR CABLE TOOLS	APPROX. DATE WORK WILL START
NUMBER OF ACRES IN LEASE	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 _____ ADDRESS _____	NO. OF WELLS: PRODUCING _____ INJECTION _____ INACTIVE _____ ABANDONED _____
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STATUS OF BOND	<input checked="" type="checkbox"/> SINGLE WELL AMOUNT \$ <b>900</b>	<input type="checkbox"/> BLANKET BOND AMOUNT \$	<input checked="" type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED
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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 drilled by previous land owner without a permit. Permit number issued 6/95. DOES NOT meet spacing requirements.**

PROPOSED CASING PROGRAM				APPROVED CASING — TO BE FILLED IN BY STATE GEOLOGIST			
AMOUNT	SIZE	WT/FT	CEM.	AMOUNT	SIZE	WT/FT	CEM.

I, the undersigned, state that I am the Geologist of the Missouri Dept. of Natural Resources (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>Evan A. Kfe</b>	DATE <b>6-21-95</b>
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PERMIT NUMBER <b>20586</b>	<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED <input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN <input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN <input checked="" type="checkbox"/> DRILL STEM TEST INFO. REQUIRED IF RUN <input type="checkbox"/> SAMPLES REQUIRED <input type="checkbox"/> SAMPLES NOT REQUIRED <input type="checkbox"/> WATER SAMPLES REQUIRED AT _____
APPROVAL DATE	
APPROVED BY	

**NOTE** ▶ THIS PERMIT NOT TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER LOCATION

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.

I \_\_\_\_\_ of the \_\_\_\_\_ 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
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MISSOURI DEPARTMENT OF NATURAL RESOURCES  
MISSOURI OIL AND GAS COUNCIL  
WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

Form OGC-5

NEW WELL  WORKOVER  DEEPEN  PLUG BACK  INJECTION  SAME RESERVOIR  DIFFERENT RESERVOIR  OIL  GAS  DRY

OWNER Mary C. McPheon ADDRESS 208 E. 177th St. Belton MO 64012

LEASE NAME FEE WELL NUMBER #1

LOCATION \_\_\_\_\_ SEC. TWP. AND RANGE OR BLOCK AND SURVEY 17 46N 33W

COUNTY Cass PERMIT NUMBER (OGC-3 OR OGC-31) 20586

DATE SPUDDED \_\_\_\_\_ DATE TOTAL DEPTH REACHED \_\_\_\_\_ DATE COMPLETED READY TO PRODUCE OR INJECT \_\_\_\_\_ ELEVATION (DF, RKR, RT, OR Gr.) FEET \_\_\_\_\_ ELEVATION OF CASING HD. FLANGE FEET \_\_\_\_\_

TOTAL DEPTH 600 (est) PLUG BACK TOTAL DEPTH \_\_\_\_\_

PRODUCING OR INJECTION INTERVAL(S) FOR THIS COMPLETION \_\_\_\_\_ ROTARY TOOLS USED (INTERVAL) \_\_\_\_\_ TO \_\_\_\_\_ CABLE TOOLS USED (INTERVAL) \_\_\_\_\_  
DRILLING FLUID USED \_\_\_\_\_

WAS THIS WELL DIRECTIONALLY DRILLED? NO WAS DIRECTIONAL SURVEY MADE? \_\_\_\_\_ WAS COPY OF DIRECTIONAL SURVEY FILED? \_\_\_\_\_ DATE FILED \_\_\_\_\_

TYPE OF ELECTRICAL OR OTHER LOGS RUN (LIST LOGS FILED WITH THE STATE GEOLOGIST) N/A 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	AMOUNT PULLED
<b>NO INFORMATION AVAILABLE</b>						

**TUBING RECORD**

**LINER RECORD**

SIZE IN.	DEPTH SET FEET	PACKER SET AT FEET	SIZE INCH	TOP FEET	BOTTOM FEET	SACKS CEMENT	SCREEN FEET
<b>NO INFORMATION AVAILABLE</b>							

**PERFORATION RECORD**

**ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD**

NUMBER PER FEET	SIZE AND TYPE	DEPTH INTERVAL	AMOUNT AND KIND OF MATERIAL USED	DEPTH INTERVAL
<b>NO INFORMATION AVAILABLE</b>				

**INITIAL PRODUCTION**

DATE OF FIRST PRODUCTION OR INJECTION \_\_\_\_\_ PRODUCING METHOD (INDICATE IF FLOWING, GAS LIFT, OR PUMPING — IF PUMPING, SHOW SIZE AND TYPE OF PUMP.) \_\_\_\_\_

DATE OF TEST \_\_\_\_\_ HOURS TESTED \_\_\_\_\_ CHOKE SIZE \_\_\_\_\_ OIL PRODUCED DURING TEST \_\_\_\_\_ bbls. GAS PRODUCED DURING TEST \_\_\_\_\_ MCF WATER PRODUCED DURING TEST \_\_\_\_\_ bbls. OIL GRAVITY \_\_\_\_\_ API (CORR.)

TUBING PRESSURE \_\_\_\_\_ CASING PRESSURE \_\_\_\_\_ CAL'D RATE OF PRODUCTION PER 24 HOURS \_\_\_\_\_ OIL \_\_\_\_\_ bbls. GAS \_\_\_\_\_ MCF WATER \_\_\_\_\_ bbls. GAS OIL RATIO \_\_\_\_\_

DISPOSITION OF GAS (STATE WHETHER VENTED, USED FOR FUEL OR SOLD) PRIVATE GAS WELL

METHOD OF DISPOSAL OF MUD PIT CONTENTS \_\_\_\_\_

**CERTIFICATE:** 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.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_