

RECEIVED
Form OGC-3
APR 24 1997

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

APPLICATION TO DRILL DEEPEN PLUG BACK
for an oil well or gas well

Oil & Gas Council

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 4-21-97
16205 W. 287 Paola Kansas 66071
Address City State

DESCRIPTION OF WELL AND LEASE

Name of lease North Bauerle Well number 1 Elevation (ground) 1025

WELL LOCATION (give footage from section lines)
2060 ft. from (N) ~~SE~~ sec. line 2030 ft. from (E) (W) sec. line

WELL LOCATION Section 29 Township 44 Range 33 County Cass

Nearest distance from proposed location to property or lease line: 650 feet
Distance from proposed location to nearest drilling, completed or applied for well on the same lease: 2115 feet

Proposed depth 450 Drilling contractor, name & address Town Oil Rotary or Cable Tools Rotary Approx. date work will start When approved

Number of acres in lease: 229 Number of wells on lease, including this well, completed in or drilling to this reservoir: 9
Number of abandoned wells on lease: 0

If lease, purchased with one or more wells drilled, from whom purchased. Name _____ Address _____ No. of Wells: producing _____ injection _____ inactive _____ abandoned _____

Status of Bond Single Well Amt. _____ Blanket Bond Amt. \$60,000 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.
N/A

Proposed casing program:				Approved casing -- To be filled in by State Geologist			
amt.	size	wt./ft.	cem. to surface	amt.	size	wt./ft.	cem.
<u>450</u>	<u>2 7/8</u>			<u>450</u>	<u>2 7/8</u>		<u>TD</u>

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.
Signature Lester Town

Permit Number: 20630 Drillers log required Drill stem test info. required if run
Approval Date: 4/21/97 E-logs required if run Samples required
Approved By: Jane Kelly Williams Core analysis required if run Samples not required
Note: This Permit not transferable to any other person or to any other location. SS
Remit two copies to: Missouri Oil and Gas Council P.O. Box 250, Rolla, Mo. 65401
One will be returned for driller's signature
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.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 MISSOURI OIL AND GAS COUNCIL
PLUGGING RECORD

FORM OGC-7

OWNER Town Oil Co.		ADDRESS 16205 W. 287 St., Paola, KS. 66071	
NAME OF LEASE North Bauerle		WELL NUMBER 1	PERMIT NUMBER (OGC-1 OR OGC-31 NUMBER) 20630
LOCATION OF WELL 2060' FNL 2030' FWL		SEC-TWP-RNG OR BLOCK & SURVEY 29-44-33	COUNTY Cass
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Town Oil	HAS THIS WELL EVER PRODUCED OIL OR GAS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBL/DAY)	DRY? GAS (MCF/DAY) Yes
DATE ABANDONED 7-17-97	TOTAL DEPTH 600	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBL/DAY)	WATER (BBL/DAY) GAS (MCF/DAY)

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, & depth of plugs used, giving amount cement.
			Mix and pump 65 sx cement thru 2 3/8" tubing circulating cement to surface. Pull 2 3/8" out; top hole off with 70 sx cement.

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
6 1/4	20'	Cut off below plow depth			

WAS WELL FILLED WITH MUD-LADEN FLUID? INDICATE DEEPEST FORMATION CONTAINING FRESH WATER

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

NAME	ADDRESS	DIRECTION FROM THIS WELL

METHOD OF DISPOSAL OF MUD PIT CONTENTS Covered with dirt

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

CERTIFICATE ▶ I, the undersigned, state that I am the partner of the Town Oil (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 DATE: 2-5-99

Well #1
 Farm: North Bauerle
 Cass County, MO.
 Lease Owner: Town Oil Co.

WELL LOG

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total Depth</u>
0	Top soil & clay	8
8	Lime	16
24	Shale	40
6	Lime	46
14	Shale	60
33	Lime	93
7	Shale & slate	100
18	Lime	118
5	Shale	123
4	Lime	127
4	Shale & slate	131
6	Lime	137
2	Shale	139
5	Lime shells	144
4	Shale	148
8	Sand	156
100	Shale	256
7	Shale & slate	263
8	Sand	271
47	Sandy shale	318
19	Shale & slate	337
20	Slate & shells	357
10	Lime	367
2	Shale	369
5	Sand	374
5	Shale	379
5	Lime	384
7	Shale	391
2	Lime	393
5	Shale	398
10	Lime	408
6	Shale	414
4	Lime	418
9	Shale & shells	427
3	Lime	430
10	Shale	440
5	Lime	445
11	Shale & slate	456
2	Lime	458
3	Shale	461
14	Fine white sand	475
1	Brown lime	476
9	Shale	485
3	Lime	488
2	Shale	490

1	Coal	491	
4	Lime	495	
5	Shale & slate	500	
1	Coal	501	
59	Shale & slate	560	
8	Sand	568	
32	Dk Shale	600	TD

CONSOLIDATED INDUSTRIAL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 316-431-9210 or 800-467-8676

TICKET NUMBER 2611

LOCATION Ottawa, Mo

FOREMAN Jim Green

TREATMENT REPORT

1 of 4 wells

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
7-17-97	2823	Bauerle #		29	44	33	Cass, Mo.	
CHARGE TO <u>Town Oil Co.</u>				OWNER				
MAILING ADDRESS <u>16205 W. 287 St.</u>				OPERATOR <u>Lester Town</u>				
CITY <u>Paola,</u>				CONTRACTOR <u>Town Oil Co.</u>				
STATE <u>Ks.</u>		ZIP CODE <u>66071</u>			DISTANCE TO LOCATION			
TIME ARRIVED ON LOCATION				TIME LEFT LOCATION				

WELL DATA	
HOLE SIZE	<u>5-5/8"</u>
TOTAL DEPTH	<u>600'</u>
CASING SIZE	<u>2 3/4"</u>
CASING DEPTH	<u>550'</u>
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input checked="" type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORITICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Mix and pump 6500 cement thru 2 3/4" tubing
circulating cement to surface. Pull 2 3/4" out top hole off with
cement using 20sk total.

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
HYD HHP = RATE x PRESSURE x 40.8	

AUTHORIZATION TO PROCEED TITLE DATE

Missouri Oil and Gas Council

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Signature Lester Town

Permit Number 20630
Approval Date 4/21/97
Approved By Jane Holby Williams
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 256 Rolla, Mo. 65401
One will be returned for driller's signature

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 - Drill stem test info. required if run
 - E-logs required if run
 - Samples required
 - Core analysis required if run
 - Samples not required
- SAS

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