



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 PROPERTY OR OPERATOR: **PENSE BROS. DRLG. CO., INC.**
ADDRESS: **800 NEWBERRY ST. P.O. BOX 551**
CITY: **FREDERICKTOWN**
DATE: **3/26/98**
STATE: **MO** ZIP CODE: **63645**

DESCRIPTION OF WELL AND LEASE

NAME OF LEASE: **McMAHON**
WELL NUMBER: **#7**
ELEVATION (GROUND): **950'**

WELL LOCATION: **1635** FT. FROM (A)(S) SECTION LINE **670** FEET FROM (E) SECTION LINE
SECTION: **5** TOWNSHIP: **43N** RANGE: **33W** COUNTY: **CASS**

NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE: **315** FEET
DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED - FOR WELL ON THE SAME LEASE: **205** FEET

PROPOSED DEPTH: **300'**
DRILLING CONTRACTOR, NAME AND ADDRESS: **TOUW OIL COMPANY, OPERATOR 16205 W 28TH ST. P.O. BOX 66071**
ROTARY OR CABLE TOOLS: **ROTARY**
APPROX DATE WORK WILL START: **ON PERMIT**
NUMBER OF WELLS ON LEASE, INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR: **40**
NUMBER OF ABANDONED WELLS ON LEASE: **1**

IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED?
NAME: **PENSE BROS. DRLG. CO., INC.**
ADDRESS: **800 NEWBERRY ST. P.O. BOX 551 FREDERICKTOWN, MO 63645**
NO OF WELLS PRODUCING: **5**
INJECTION: **3**
INACTIVE: **1**
ABANDONED: **1**

STATUS OF BOND: SINGLE WELL AMOUNT \$ _____
 BLANKET BOND AMOUNT \$ **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.)

N/A

PROPOSED CASING PROGRAM

AMOUNT	SIZE	WT/FT	CEM.
51'	6 1/4"	14#	7 SAK
285'	2 7/8"	6.5#	38 SAK

APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST

AMOUNT	SIZE	WT/FT	CEM.

I, the undersigned, state that I am the **PARTNER** of the **TOUW OIL COMPANY** (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: **3/26/98**

PERMIT NUMBER: **20648**
APPROVAL DATE: **5/14/98**
APPROVED BY: **Jane Holly Williams**
 DRILLER'S LOG REQUIRED E-LOGS REQUIRED IF RUN
 CORE ANALYSIS REQUIRED IF RUN DRILL STEM TEST INFO REQUIRED IF RUN
 SAMPLES REQUIRED
 SAMPLES NOT REQUIRED
 WATER SAMPLES REQUIRED AT _____

NOTE: THIS PERMIT IS 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: _____



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 Pense Bros. Drilling Co., Inc.		ADDRESS 800 Newberry St. Fredericktown, Mo. 63645			
LEASE NAME McMahon		WELL NUMBER 7			
LOCATION 1635' FSL 670' FEL			SEC. TWP. AND RANGE OR BLOCK AND SURVEY 5-43N-33W		
COUNTY Cass	PERMIT NUMBER (OGC-3 OR OGC-3I) 20648				
DATE SPUDDED 9-9-97	DATE TOTAL DEPTH REACHED 9-11-97	DATE COMPLETED READY TO PRODUCE OR INJECT 9-11-97	ELEVATION (DF, RKR, RT, OR Gr.) FEET 950	ELEVATION OF CASING HD. FLANGE FEET	
TOTAL DEPTH 290	PLUG BACK TOTAL DEPTH N/A				
PRODUCING OR INJECTION INTERVAL(S) FOR THIS COMPLETION 236-248			ROTARY TOOLS USED (INTERVAL) 0 TO TD		CABLE TOOLS USED (INTERVAL)
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) Gamma Ray Neutron enclosed				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
Surface	9 3/4	6 1/4	14	51.6'	7	0
Completion	5/58	2 7/8	6.5	278	40	0

TUBING RECORD

LINER RECORD

SIZE	DEPTH SET	PACKER SET AT	SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
NO	IN.	FEET	INCH	FEET	FEET	FEET	FEET

PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

NUMBER PER FEET	SIZE AND TYPE	DEPTH INTERVAL	AMOUNT AND KIND OF MATERIAL USED	DEPTH INTERVAL
2	9"/shot	236-248	25 bbls gelled water 5 sx sand	236-248

INITIAL PRODUCTION

DATE OF FIRST PRODUCTION OR INJECTION Unk		PRODUCING METHOD (INDICATE IF FLOWING, GAS LIFT, OR PUMPING -- IF PUMPING, SHOW SIZE AND TYPE OF PUMP.) Pumping				
DATE OF TEST N/A	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	CALC'D RATE OF PRODUCTION PER 24 HOURS		OIL bbls.	GAS MCF	WATER bbls.
DISPOSITION OF GAS (STATE WHETHER VENTED, USED FOR FUEL OR SOLD)						

RECEIVED

DEC 14 1998

METHOD OF DISPOSAL OF MUD PIT CONTENTS
Hauled off and covered with dirt

CERTIFICATE: I, THE UNDERSIGNED, STATE THAT I AM THE Partner OF THE Town 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.

DATE 12-4-98	SIGNATURE <i>Lester Town by djc</i>
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Well #7
 Farm: McMahon
 Cass County, KS.
 Lease Owner: Pense Bros Drilling Co., Inc

WELL LOG

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total Depth</u>
10	Soil & clay	10
30	Lime	40
7	Shale & slate	47
19	Lime	66
5	Shale & slate	71
2	Lime	73
2	Shale & slate	75
6	Lime	81 Hertha
29	Shale	110
11	Sand	121
74	Shale	195
5	Sand	200
25	Shale	225
2	Shale	227
3	Sand	230
1	Sandy lime	231
2	Sandy lime	233
2	Lime	235
1	Sand	236
2	Sand	238
5	Sand	243
2	Lime	245
1	Sand	246
2	Sand	248
2	Sandy lime	250
8	Sandy shale	258
25	Shale	283
5	Lime	288
2	Shale	290 TD

RECEIVED

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MO Oil & Gas Council

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

TICKET NUMBER 2603
 LOCATION Ottawa, Ks
 FOREMAN Jim Green

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
9-11-97	7823	#7 Mc Mahon					Cass, Mo	
CHARGE TO <u>Town Oil</u>				OWNER				
MAILING ADDRESS <u>16205 W. 287 ST.</u>				OPERATOR <u>Winton Town</u>				
CITY <u>Paola,</u>				CONTRACTOR <u>Company Tool</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>290'</u>
CASING SIZE	<u>2 7/8"</u>
CASING DEPTH	<u>278' Pin at 273'</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 checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input 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	
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Establish circulation mix and pump 1sa premium gel flush hole. Mix and pump 40sa 5030 Pz mix cement with 2% gel. Flush pump clear of cement. Pump 2 3/8" rubber plug to total depth of casing pressure casing up to 600 psi check for leaks was none shut well in circulating cement to surface.

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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