

MISSOURI OIL AND GAS COUNCIL Developmental

Form OGC-3

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL  DEEPEN  PLUG BACK

NAME OF COMPANY OR OPERATOR Town Oil Co. DATE 9-6-00  
16205 W. 287 St. Paola Kansas 66071  
 Address City State

DESCRIPTION OF WELL AND LEASE			
Name of lease <u>Dunmire</u>	Well number <u>2W</u>	Elevation (ground) <u>940</u>	
WELL LOCATION <u>430</u> (give footage from section lines) ft. from (N) (S) sec. line <u>880</u> ft. from (E) (W) sec. line			
WELL LOCATION: Section <u>8</u> Township <u>43N</u> Range <u>33W</u>	County <u>Cass</u>		
Nearest distance from proposed location to property or lease line: <u>440</u> feet		Distance from proposed location to nearest drilling, completed or applied - for well on the same lease: <u>260</u> feet	
Proposed depth. <u>300</u>	Rotary or Cable tools <u>Rotary</u>	Approx. date work will start <u>When approved</u>	
Number of acres in lease <u>80</u>	Number of wells on lease, including this well, completed in or drilling to this reservoir: <u>1</u> Number of abandoned wells on lease: <u>8</u>		
If lease, purchased with one or more wells drilled, from whom purchased Name _____ Address _____		No. of Wells producing <u>8</u> inactive _____ abandoned _____	
Status of Bond Single Well <input type="checkbox"/> Amt. _____		Blanket Bond <input checked="" type="checkbox"/> Amt. <u>80,000</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  <u>N/A</u>			
Proposed casing program		Approved casing: To be filled in by State Geologist	
<u>20"</u> <sup>size</sup> <u>300'</u>	<u>6 1/2"</u> <sup>size</sup> <u>2 7/8"</u>	<u>14</u> <sup>wt/lb</sup> <u>6.5</u>	<u>3</u> <sup>cem.</sup> <u>42</u> <sup>sx</sup>
_____	_____	_____	_____
_____	_____	_____	_____
I, the undersigned, state that I am the <u>Partner</u> of the <u>Town Oil Co.</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>Lester Town</u>			

Permit Number 20707

Approval Date 9-6-00

Approved by [Signature]  
 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 250 Rolla, Mo. 65401  
 One will be returned for driller's signature

SAMPLES REQUIRED  
 SAMPLES NOT REQUIRED

WATER SAMPLES REQUIRED @  
 \_\_\_\_\_  
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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.