Form OGC - 3

MISSOURI OIL AND GAS COUNCIL

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

APPLICATION TO DRILL ☒ DEEPEN ☐ PLUG BACK ☐

NAME OF COMPANY OR OPERATOR TOWN OIL CO., INC. DATE 7-11-01

16205 West 287th St. (Address) Paola (City) Kansas 66071 (State)

DESCRIPTION OF WELL AND LEASE

Name of lease	Well number	Elevation (ground)
DUNMIRE	1-W	950

WELL LOCATION (give footage from section lines) 430 ft. from (N) (S) sec. line 1137 ft. from (E) (W) sec. line

WELL LOCATION. Section 8 Township 43N Range 33W County CASS

Nearest distance from proposed location to property or lease line: 20 feet

Distance from proposed location to nearest drilling, completed or applied – for well on the same lease 240 feet

Proposed depth. 450 Rotary or Cable tools Rotary Approx. date work will start 7-16-01

Number of acres in lease 950

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 8 inactive _____ abandoned _____

Status of Bond ☒ ON FILE ☐ ATTACHED

Single Well ☐ Amt _____ Blanket Bond ☐ Amt. 80,000

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

Proposed casing program

amt	size	wt./ft	cem.
20'	6 5/8"	surface pipe	
2 7/8" pipe to producing horizon			

Approved casing (To be filled in by State Geologist)

amt	size	wt./ft	cem.

I, the undersigned, state that I am the President of the Town Oil Co., Inc. (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 20714

Approval Date 7-25-01

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 @ _____

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.

MECHANICAL INTEGRITY TEST REPORT

RECEIVED

MAR 18 2008

Mo Oil & Gas Council

Test Date: 12 mar 2008

Operator: Town Oil Company, Inc.
Contact Person: Lester Town
Address: 16205 West 287th St. Paola, Kansas 66071
Phone: 913-294-2125

Lease Dunmire Well # 1-W
County CASS Permit # 20714

TEST INFORMATION:

Type MIT: Pressure X Radioactive Tracer Survey___ Temperature Survey___

	Run #1	Run #2	Run #3
Start Time:	9:05		
End Time:	9:40		
Length of Test: (Start Time minus End Time)	35 min		
Initial Pressure (PSI):	103#		
Ending Pressure (PSI):	100#		
Pressure Change: (Initial Pressure minus Ending Pressure)	3#		

Fluid used for test (water, nitrogen, CO2, ect.): Air

Comments about test: Perf 241-250

Full of fluid - 241 X .43 = 103#

The bottom of the tested zone is shut in with Fluid at a depth of 241 ft. In signing the form below, it is certified that the above indicated well was tested for mechanical integrity on the date shown at the top of this page.

Signed: Sterling P. Hornbuckle — Operator Contact Person or Approved Agent

E.O.R. — Title

DO NOT WRITE BELOW THIS LINE

Results were: Satisfactory ✓ Not Satisfactory___
State Agent: _____ Witnessed: Yes___ No ✓
REMARKS:
Computer Update ✓ FILE WITH PERMIT!

OGC Misc Form 1

MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
INJECTION WELL MONITORING REPORT

FORM 2GC-12

TOTAL P.02

INSTRUCTIONS ▸ RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
Cass	037 20714	Town Oil Co.	Dunmire 1-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	10	220	1-28-06	
(02) FEB.	10		2-28-06	
(03) MARCH	10		3-28-06	
(04) APRIL	10		4-28-06	
(05) MAY	10		5-28-06	
(06) JUNE	10		6-28-06	
(07) JULY	10		7-28-06	
(08) AUG.	10		8-28-06	
(09) SEPT.	10		9-28-06	
(10) OCT.	10		10-28-06	
(11) NOV.	10		11-28-06	
(12) DEC.	10		12-28-06	

RECEIVED
AUG 24 2007
Oil & Gas Council

MO 780-0098 (8-05)

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(ONE (1) COPY WILL BE RETURNED)

MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

FORM OGC-12

INJECTION WELL MONITORING REPORT

INSTRUCTIONS ▸	RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.			
COUNTY CASS		PERMIT NUMBER 20714	OPERATOR TOWN OIL COMPANY	WELL NUMBER DUNMIRE 1-W
MONTH	**INJECTION RATE - bpd/gpm**	**INJECTION PRESSURE - psig**	**DATE MEASUREMENT TAKEN**	**REMARKS**
(01) JAN.	10	220	1-31-08	
(02) FEB.	10	220	2-28-08	RECEIVED
(03) MARCH	10	220	3-31-08	JAN 23 2009
(04) APRIL	10	220	4-30-08	Mo Oil & Gas Council
(05) MAY	10	220	5-31-08	
(06) JUNE	10	220	6-30-08	
(07) JULY	10	220	7-31-08	
(08) AUG.	10	220	8-31-08	
(09) SEPT.	10	220	9-30-08	
(10) OCT.	10	220	10-31-08	
(11) NOV.	10	220	11-30-08	
(12) DEC.	10	220	12-31-08	

MO 780-0208 (8-06)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

FORM OGC-12

INJECTION WELL MONITORING REPORT

INSTRUCTIONS ▸	RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.			
COUNTY CASS		PERMIT NUMBER 20714	OPERATOR TOWN OIL COMPANY	WELL NUMBER DUNMIRE 1-W
MONTH	**INJECTION RATE - bpd/gpm**	**INJECTION PRESSURE - psig**	**DATE MEASUREMENT TAKEN**	**REMARKS**
(01) JAN.	10	220	1-31-09	
(02) FEB.	10	220	2-28-09	RECEIVED
(03) MARCH	10	220	3-31-09	JAN 25 2010
(04) APRIL	10	220	4-30-09	Mo Oil & Gas Council
(05) MAY	10	220	5-31-09	
(06) JUNE	10	220	6-30-09	
(07) JULY	10	220	7-31-09	
(08) AUG.	10	220	8-31-09	
(09) SEPT.	10	220	9-30-09	
(10) OCT.	10	220	10-31-09	
(11) NOV.	10	220	11-30-09	
(12) DEC.	10	220	12-31-09	

MO 780-0208 (8-06)

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MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
INJECTION WELL MONITORING REPORT

FORM 2000-12

TOTAL P.02

INSTRUCTIONS ▸ RECORD INJECTION RATE AND INJECTION PRESSURE AT LEAST MONTHLY WITH THE RESULTS SUBMITTED ANNUALLY.

COUNTY	PERMIT NUMBER	OPERATOR	WELL NUMBER
Cass	037 20715	Town Oil Co.	Dunmire 2-W

MONTH	INJECTION RATE - bpd/gpm	INJECTION PRESSURE - psig	DATE MEASUREMENT TAKEN	REMARKS
(01) JAN.	10	220	1-28-06	
(02) FEB.	10		2-28-06	
(03) MARCH	10		3-28-06	
(04) APRIL	10		4-28-06	
(05) MAY	10		5-28-06	
(06) JUNE	10		6-28-06	
(07) JULY	10		7-28-06	
(08) AUG.	10		8-28-06	
(09) SEPT.	10		9-28-06	RECEIVED
(10) OCT.	10		10-28-06	AUG 24 2007
(11) NOV.	10		11-28-06	Oil & Gas Counc
(12) DEC.	10		12-28-06	

MO 780-0938 (8-05)

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