



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		DATE	
ADDRESS	CITY	STATE	ZIP CODE

DESCRIPTION OF WELL AND LEASE

NAME OF LEASE	WELL NUMBER	ELEVATION (GROUND)
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WELL LOCATION _____ (GIVE FOOTAGE FROM SECTION LINES)
_____ FT. FROM (N) (S) SECTION LINE _____ FT. FROM (E) (W) SECTION LINE

WELL LOCATION	SECTION	TOWNSHIP	RANGE	LATITUDE	LONGITUDE	COUNTY
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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	DRILLING CONTRACTOR, NAME AND ADDRESS	ROTARY OR CABLE TOOLS	APPROX. DATE WORK WILL START
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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 type="checkbox"/> SINGLE WELL AMOUNT \$ _____	<input type="checkbox"/> BLANKET BOND AMOUNT \$ _____	<input 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/INJECTION ZONE AND EXPECTED NEW INJECTION ZONE; USE BACK OF FORM IF NEEDED.)

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 _____ 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 _____ DATE _____

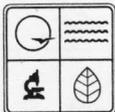
PERMIT NUMBER 20763	<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED	<input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN
APPROVED DATE 3-20-06	<input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN	<input checked="" type="checkbox"/> DRILL SYSTEM TEST INFO. REQUIRED IF RUN
APPROVED BY <i>[Signature]</i>	<input type="checkbox"/> SAMPLES REQUIRED	
	<input checked="" type="checkbox"/> SAMPLES NOT REQUIRED	
	<input type="checkbox"/> WATER SAMPLES REQUIRED AT	

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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STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
WELL LOCATION PLAT

FORM OGC-4

RECEIVED

OWNER'S NAME

Kenneth C. Kennel

MAR 16 2006

LEASE NAME

COUNTY

CASS

WELL LOCATION

(GIVE FOOTAGE FROM SECTION LINES)

Oil & Gas Council

5 ft. from North South from section line *500* ft. from East West from section line

WELL LOCATION

Sec. *29* Township *45* North Range *33* East West

LATITUDE

LONGITUDE

EAST LINE

(N) + (S) 500 FEET FROM EAST LINE & 5 FEET FROM NORTH LINE

Well placed HERE → (X)

Ken Kennel Land

Pete Harts Property

Northline →

REMARKS

Property line of Pete Harts & Ken Kennel

INSTRUCTIONS

On the above plat, show distance of the proposed well from the two nearest section lines, the nearest lease line, and from the nearest well on the same lease completed in or drilling to the same reservoir. Do not confuse survey lines with lease lines. See rule 10 CSR 50-2.030 for survey requirements. Lease lines must be marked.

This is to certify that I have executed a survey to accurately locate oil and gas wells in accordance with 10 CSR 50-2.030 and that the results are correctly shown on the above plat.

Line surveyed that divides property
Kenneth C. Kennel

REGISTERED LAND SURVEY

NUMBER



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL

WELL COMPLETION OR RECOMPLETION REPORT AND WELL LOG

SEP 01 2006

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

OWNER		ADDRESS	
LEASE NAME		WELL NUMBER	
LOCATION OF WELL SEC. - TWP. - RANG. OR BLOCK AND SURVEY 29 45 33		LATITUDE LONGITUDE	
COUNTY Cass	PERMIT NUMBER (OGC-3 OR OGC-3I)		
DATE SPUDDED 5/16/06	DATE TOTAL DEPTH REACHED 440 ft.	DATE COMPLETED READY TO PRODUCE OR INJECT 6/1/06	ELEVATION (DF, BKR, RT, OR Cr.) FEET 940 ft.
TOTAL DEPTH 440 ft.	PLUG BACK TO TOTAL DEPTH 440 ft.		
PRODUCING OR INJECTION INTERVAL(S) FOR THIS COMPLETION 410 - 415		ROTARY TOOLS USED (INTERVAL) water TO	CABLE TOOLS USED (INTERVAL) N/A
WAS THIS WELL DIRECTIONALLY DRILLED? no	WAS DIRECTIONAL SURVEY MADE? no	WAS COPY OF DIRECTIONAL SURVEY FILED? no	DATE FILED N/A
TYPE OF ELECTRICAL OR OTHER LOGS RUN (LIST LOGS FILED WITH THE STATE GEOLOGIST) none			DATE FILED N/A

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	10 1/2	8"		20'	6	0
Production pipe	7 7/8	4"		440	200	0

TUBING RECORD

LINER RECORD

SIZE IN.	DEPTH SET FEET	PACKER SET AT FEET	SIZE INCH	TOP FEET	BOTTOM FEET	SACKS CEMENT	SCREEN FEET
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PERFORATION RECORD

ACID, SHOT, FRACTURE, CEMENT SQUEEZE RECORD

NUMBER PER FOOT	SIZE AND TYPE	DEPTH INTERVAL	AMOUNT AND KIND OF MATERIAL USED	DEPTH INTERVAL
5	Shot	410-415	X	

INITIAL PRODUCTION

DATE OF FIRST PRODUCTION OR INJECTION N/A		PRODUCING METHOD (INDICATE IF FLOWING, GAS LIFT, OR PUMPING - IF PUMPING, SHOW SIZE AND TYPE OF PUMP.)					
DATE OF TEST	HOURS TESTED	CHOKED SIZE	OIL PRODUCED DURING TEST bbbls.	GAS PRODUCED DURING TEST MGF	WATER PRODUCED DURING TEST bbbls.	OIL GRAVITY API (CORR.)	
TUBING PRESSURE	CASING PRESSURE	CALC'D RATE OF PRODUCTION PER 24 HOURS		OIL bbbls.	GAS MGF	WATER bbbls.	GAS OIL RATIO

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

METHOD OF DISPOSAL OF MUD PIT CONTENTS

CERTIFICATE: I, THE UNDERSIGNED, STATE THAT I AM THE owner 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 8/29/06	SIGNATURE <i>Kenneth Clump</i>
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