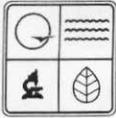


well # 2

RECEIVED

FORM OGC-3

SEP 06 2011



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

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 <u>Allen D & Shirley J. Bockelman, Trustees</u>		DATE <u>9-7-2011</u>	
ADDRESS <u>8407 E 207th St.</u>		CITY <u>Peculiar</u>	STATE <u>Mo.</u>
		ZIP CODE <u>64078</u>	

DESCRIPTION OF WELL AND LEASE		
NAME OF LEASE <u>Bockelman</u>	WELL NUMBER <u># 2</u>	ELEVATION (GROUND) <u>1004</u>

WELL LOCATION (GIVE FOOTAGE FROM SECTION LINES)
2075 ft. from North South section line 1250 ft. from East West section line

WELL LOCATION
Sec. 6 Township 45 North Range 32 East West
LATITUDE 56.52 LONGITUDE 3.36 COUNTY CASS
N38°44.942' W94°30.086'

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 <u>430'</u>	DRILLING CONTRACTOR, NAME AND ADDRESS <u>Harper Drilling, 895 SE 7 Hwy, Clinton, Mo. 64735</u>	ROTARY OR CABLE TOOLS <u>Rotary</u>	APPROX. DATE WORK WILL START <u>Sept 18, 2011</u>
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NUMBER OF ACRES IN LEASE <u>426</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>1</u>

IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED? NAME <u>N/A</u> ADDRESS _____	NO. OF WELLS PRODUCING <u>1</u> INJECTION <u>0</u> INACTIVE <u>0</u> ABANDONED <u>1</u>
---	---

STATUS OF BOND	<input checked="" type="checkbox"/> SINGLE WELL AMOUNT \$ <u>1000</u>	<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	CEMENT	AMOUNT	SIZE	WT/FT	CEMENT
<u>top 40'</u>	<u>7"</u>	<u>15#</u>	<u>yes</u>	<u>40'</u>	<u>7"</u>	<u>15 #/ft</u>	<u>FU1</u>
<u>360'</u>	<u>4"</u>	<u>10.56 #</u>	<u>yes</u>	<u>360'</u>	<u>4"</u>	<u>10 #/ft</u>	<u>Length</u>

I, the Undersigned, state that I am the president of the Partnership (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>Allen D Bockelman</u>	DATE <u>9/6/11</u>
---------------------------------------	-----------------------

PERMIT NUMBER <u>037-20847</u>	<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED <input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN <input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN <input checked="" type="checkbox"/> DRILL SYSTEM TEST INFO REQUIRED IF RUN <input checked="" type="checkbox"/> SAMPLES REQUIRED unless samples (cuttings) have already been collected from well # 1. <input type="checkbox"/> SAMPLES NOT REQUIRED <input type="checkbox"/> WATER SAMPLES REQUIRED AT
APPROVED DATE <u>10-6-11</u>	
APPROVED BY <u>Joseph A. Miller</u>	

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

_____ 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.

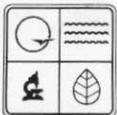
DRILLER'S SIGNATURE <u>Peculiar</u>	DATE
--	------

OK/KR
9/27/11

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SEP 06 2011

Mo Oil & Gas Council



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

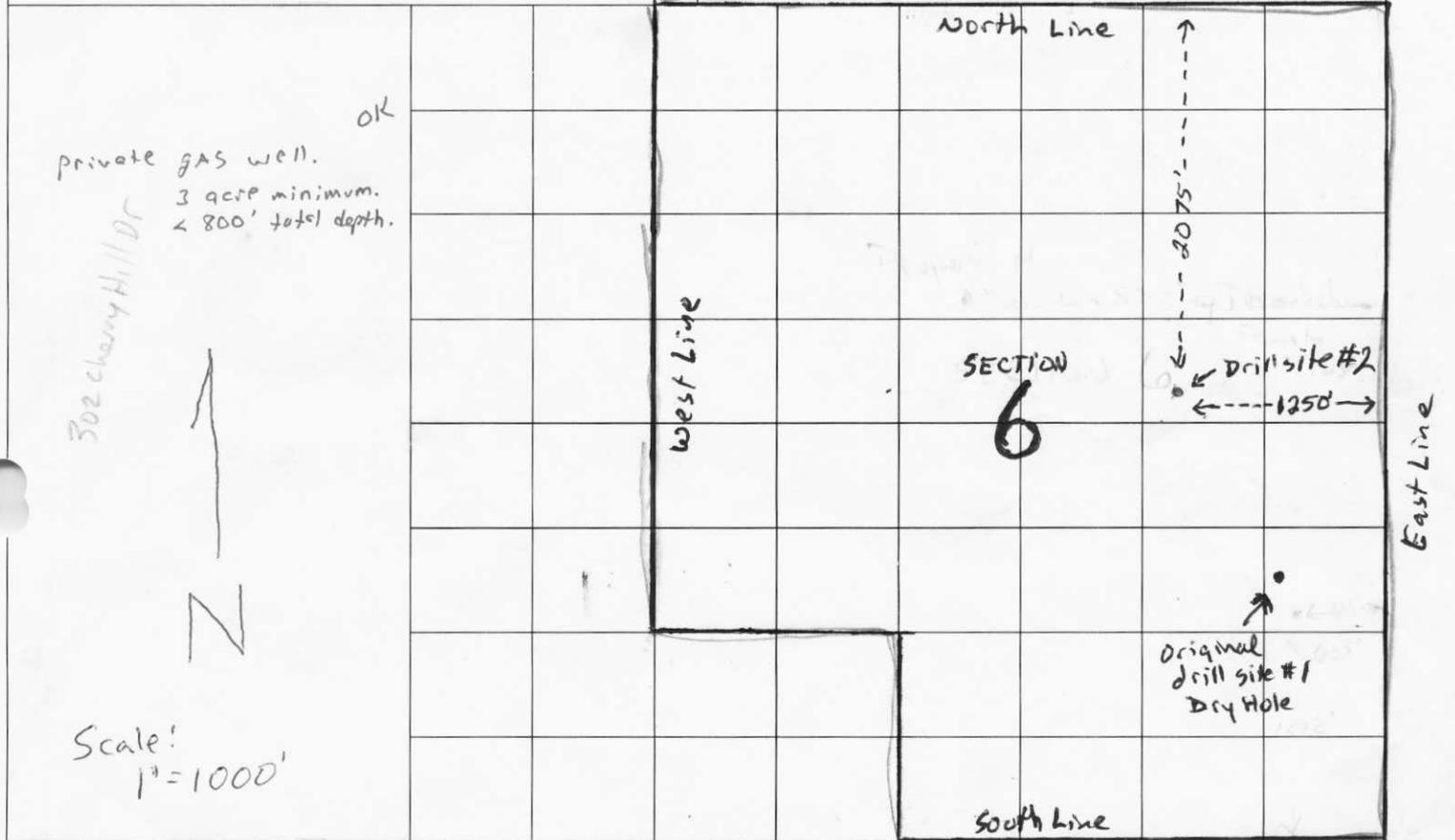
OWNER'S NAME
Allen D. Bockelman & Shirley J. Bockelman, Trustees of the Allen D. & Shirley J. Bockelman Family Trust dated Dec 2, 1991

LEASE NAME
No lease - owner for private use COUNTY
Cass

WELL LOCATION (GIVE FOOTAGE FROM SECTION LINES)
2075 ft. from North South from section line *1250* ft. from East West from section line

WELL LOCATION
Sec. *6* Township *45* North Range *32* East West

LATITUDE
N 38° 44.942' LONGITUDE
W 94° 30.056'



REMARKS
Original drill attempt at well #1 under permit # 037-20846 produced an unusable amount of gas, so we are re-applying to attempt drilling again at site #2.

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.
Points taken from original surveyor marker by landowner and GPS unit.
Allen Bockelman

REMIT TWO (2) COPIES TO:
GEOLOGICAL SURVEY PROGRAM
PO BOX 250, ROLLA, MO 65402-0250 (573) 368-2143
ONE (1) COPY WILL BE RETURNED

REGISTERED LAND SURVEYOR NUMBER

Farm 5100
Tract 29318

Well #2
Cass Co. FSA
1000 W. Wall,
Harrisonville MO, 64701-
Phone: (816) 884-4432

Farm Service
Agency



Wetland Determination Identifiers

- Restricted Use
- ▽ Limited Restrictions
- Exempt from Conservation Compliance Provisions

All Measurements are for FSA Program Use only

Created 12/11/2008

Scale - 1:7,920

Disclaimer: Wetland identifiers do not represent the size, shape or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact wetland boundaries and determinations, or contact NRCS.



well #2



SHELTER INSURANCE COMPANIES

Janice Britz, LUTCF, Agent

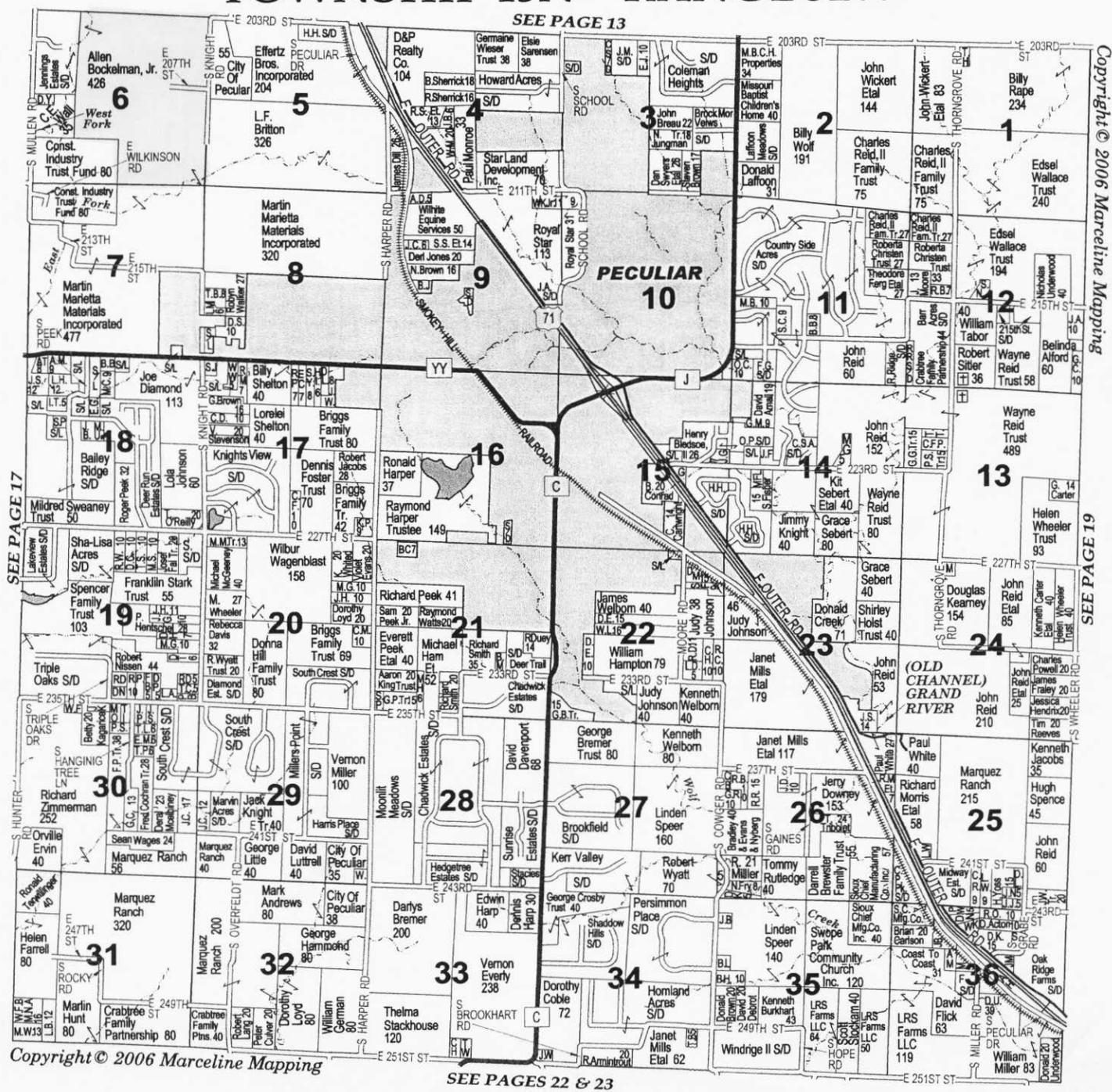
803 S. COMMERCIAL ST., STE. B
HARRISONVILLE, MO. 64701-1632

BUS: (816) 380-2700 FAX: (816) 380-3510
RES: (816) 779-5092 CELL: (816) 419-1327

EMAIL: JBRITZ@AGENT.SHELTERINSURANCE.COM
WWW.SHELTERINSURANCE.COM/JANICEBRITZ

LIFE • HOME • AUTO • FARM • BUSINESS

TOWNSHIP 45N • RANGE 32W



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SEE PAGES 22 & 23

joe.y.baughman@dr.mo.gov



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM
PLUGGING RECORD

FORM OGC-7

OWNER'S NAME Allen D + Shirley J Baekelman, trustees		ADDRESS 8407 E. 207th St.			
NAME OF LEASE N/A		WELL NUMBER 2	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER) 037-20847		
LOCATION OF WELL SEC TWN RNG OR BLOCK AND SURVEY Sec. 6 Township 45 North Range 32 East West		LATITUDE N 38° 44.942'	LONGITUDE W 94° 30.056'	COUNTY CASS	
APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF: Allen D. + Shirley J. Baekelman		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 (BBLS/DAY) DRY hole	GAS (MCF/DAY) DRY hole	DRY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DATE OF ABANDONMENT 10-2-12	TOTAL DEPTH 660'	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY) 0	GAS (MCF/DAY) 0	WATER (BBLS/DAY) 0	
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, and depth of plugs used, giving amount of cement.	
none		n/a	n/a	n/a	
log attached					
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
8 5/8"	20	0	20	Cemented to surface	
WAS WELL FILLED WITH MUD-LADEN FLUID? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		INDICATE DEEPEST FORMATION CONTAINING FRESH WATER no water encountered			
NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE					
NAME		ADDRESS		DIRECTION FROM THIS WELL	
n/a					
METHOD OF DISPOSAL OF MUD PIT CONTENTS		Sucked out			
NOTE FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)					
CERTIFICATE I, the undersigned, state that I am the <u>owner</u> of the <u>Glaze Drilling</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 					DATE 10-5-12

MO 780-0217 (6/06)

REMIT TWO (2) COPIES TO: GEOLOGICAL SURVEY PROGRAM, PO BOX 250, ROLLA, MO 65402 573/ 368-2143.
ONE (1) COPY WILL BE RETURNED.

DETAIL OF FORMATIONS PENETRATED				
FORMATION	TOP	BOTTOM	DESCRIPTION (SEE * BELOW)	
21	Shale	21	set surface	
4	Shale	25		
8	lime	33		
36	Shale	69		
16	lime	85		
9	Shale	94		
14	lime	1027		
2	Shale	109		
1	lime	110		
18	Shale	128		
2	Bl. slate	130		
12	Shale	142		
8	lime	150		
2	Bl. slate	152		
124	Shale	276	tested \emptyset gas	
26	Sandy shale	292		
2	Bl. slate	294	tested \emptyset gas	
31	Shale	325		
6	lime	331	Plug record 10 sac' portland @ T.D 10 sac's @ 500' 350' to surface portland	
35	Shale	366		
13	lime	379		
39	Shale	418		
7	Sandy shale	425		
				tested \emptyset gas
				tested \emptyset gas
				tested \emptyset gas
				tested \emptyset gas
				tested \emptyset gas

no gas

no gas

test \emptyset gas

NOTE * Show all important zones of porosity, detail of all cores, and all drill-stem tests, including depth interval tested, cushion used, time tool open flowing and shut-in pressures, and recoveries.

INSTRUCTIONS Attach drillers log or other acceptable log of well if available. This Well Completion or Recompletion report and well log shall be filed with the Missouri State Geologist not later than 30 days after project completion.