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Mo Oil & Gas Council

STATE OF MISSOURI
GEOLOGICAL SURVEY PROGRAM

FORM OGC-3

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	
Town Oil Company		10/31/2011	
ADDRESS	CITY	STATE	ZIP CODE
16205 West 287th Street	Paola	KS	66071

DESCRIPTION OF WELL AND LEASE

NAME OF LEASE	WELL NUMBER	ELEVATION (GROUND)
Cullen	1	900

WELL LOCATION 825 (see attached) (GIVE FOOTAGE FROM SECTION LINES)
~~668~~ ft. from ☐ North ☑ South section line ~~454~~ 475 ft. from ☐ East ☑ West section line

WELL LOCATION	LATITUDE	LONGITUDE	COUNTY
Sec. 7 Township 45 North Range 31 ☑ East ☐ West	~~38.432811~~ 969	~~94.241172~~	Cass

NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE 500 FEET

DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED – FOR WELL ON THE SAME LEASE 300 FEET

PROPOSED DEPTH	DRILLING CONTRACTOR, NAME AND ADDRESS	ROTARY OR CABLE TOOLS	APPROX. DATE WORK WILL START
300	Company Tools	Rotary	11/05/2011

NUMBER OF ACRES IN LEASE: 47.5

NUMBER OF WELLS ON LEASE INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR 0

NUMBER OF ABANDONED WELLS ON LEASE 0

IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED?
NAME _____
ADDRESS _____

NO. OF WELLS PRODUCING 0
INJECTION 0
INACTIVE 0
ABANDONED 0

STATUS OF BOND	☐ SINGLE WELL AMOUNT $ _____	☑ BLANKET BOND AMOUNT $ 80,000.00 OK	☑ ON FILE ☐ ATTACHED

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
20'	6 1/4"	14	3	20'	6 1/4"	14	Full
300'	2 7/8"	6.5	42	300'	2 7/8"	6.5	Length

OK/KR 11/23/11

I, the Undersigned, state that I am the President of the Town Oil (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 Teson DATE 10/31/2011

PERMIT NUMBER 037-20848
APPROVED DATE 11-23-11
APPROVED BY Joseph A. Gillman

☑ DRILLER'S LOG REQUIRED
☑ CORE ANALYSIS REQUIRED IF RUN
☑ SAMPLES REQUIRED at 10' intervals from surface to total depth.
☐ SAMPLES NOT REQUIRED
☐ WATER SAMPLES REQUIRED AT
☑ E-LOGS REQUIRED IF RUN
☑ DRILL SYSTEM TEST INFO REQUIRED IF RUN

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 _____

MO 780-0211 (3-11) REMIT ONE (1) COPY TO: GEOLOGICAL SURVEY PROGRAM, PO BOX 250, ROLLA, MO 65402 573-368-2143.

Peculiar

Rollins, Kyle

From: Rollins, Kyle

Sent: Thursday, November 03, 2011 2:42 PM

To: 'Jackie Cheek'

Subject: Permit application

Lester,

I have the permit application for the Cullen lease well #1. I need to have the well location plat as part of the application before I can process it. Please mail or fax this when you can. Thanks

Kyle Rollins
Geologist II
Economic Geology Unit
Division of Geology and Land Survey
573-368-2195
573-368-2111 (fax)
kyle.rollins@dnr.mo.gov
Visit our on-line store:
http://www.missourigeologystore.com/

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Mo Oil & Gas Council

FORM OGC-3

STATE OF MISSOURI
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: Town Oil Company		DATE: 10/31/2011	
ADDRESS: 16205 West 287th Street	CITY: Paola	STATE: KS	ZIP CODE: 66071

DESCRIPTION OF WELL AND LEASE

NAME OF LEASE: Cullen	WELL NUMBER: 1	ELEVATION (GROUND): 900

WELL LOCATION (GIVE FOOTAGE FROM SECTION LINES): 825 ft. from ☐ North ☑ South section line 495 ft. from ☐ East ☑ West section line

WELL LOCATION: Sec. 7 Township 45 North Range 31 ☑ East ☐ West	LATITUDE: 38.432969	LONGITUDE: 94.241172	COUNTY: Cass

NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE 500 FEET

DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED – FOR WELL ON THE SAME LEASE 300 FEET

PROPOSED DEPTH: 300	DRILLING CONTRACTOR, NAME AND ADDRESS: Company Tools	ROTARY OR CABLE TOOLS: Rotary	APPROX. DATE WORK WILL START: 11/05/2011
NUMBER OF ACRES IN LEASE:	NUMBER OF WELLS ON LEASE INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR 0 NUMBER OF ABANDONED WELLS ON LEASE 0		

IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED?
NAME _____
ADDRESS _____

NO. OF WELLS PRODUCING 0
INJECTION 0
INACTIVE 0
ABANDONED 0

STATUS OF BOND	☐ SINGLE WELL AMOUNT $ _____	☑ BLANKET BOND AMOUNT $ 80,000.00	☑ ON FILE ☐ ATTACHED

REMARKS: (IF THIS IS AN APPLICATION TO DEEPEN OR PLUG BACK, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING/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
20'	6 1/4"	14	3				
300'	2 7/8"	6.5	42				

I, the Undersigned, state that I am the President of the Town Oil (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: Do NOT sign.

DATE: 10/31/2011

PERMIT NUMBER:

APPROVED BY: Revised copy.

APPROVED BY:

☐ DRILLER'S LOG REQUIRED
☐ CORE ANALYSIS REQUIRED IF RUN
☐ SAMPLES REQUIRED
☐ SAMPLES NOT REQUIRED
☐ WATER SAMPLES REQUIRED AT

☐ E-LOGS REQUIRED IF RUN
☐ DRILL SYSTEM TEST INFO REQUIRED IF RUN

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. Copied approval of this permit will be shown on this form by presence of a permit number and signature of authorized council representative.

DRILLER: DATE:

MO ... COPY TO: GEOLOGICAL SURVEY PROGRAM, PO BOX 250, ROLLA, MO 65402 573-368-2143.

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Mo Oil & Gas Council

FORM OGC-1

STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

WELL LOCATION PLAT

OWNER'S NAME: Town Oil Company

COUNTY: Cass

LEASE NAME: Cullen

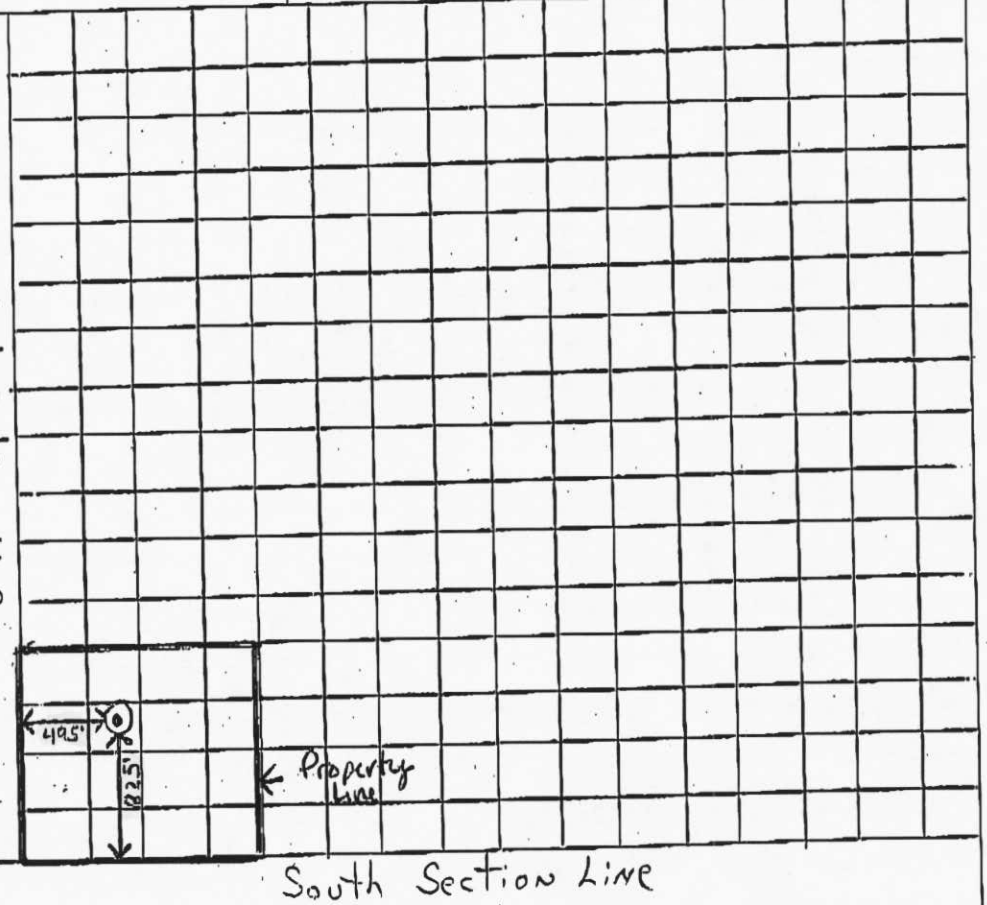
(GIVE FOOTAGE FROM SECTION LINES)

WELL LOCATION: 825 ft. from ☐ North ■ South from section line 495 ft. from ☐ East ■ West from section line

WELL LOCATION: Sec. 7 Township 45 North Range 31 ☐ East ■ West

LATITUDE: ~~38.432989~~

LONGITUDE: ~~94.241172~~



OIL - 2 1/2 Acres Spacing

REMARKS

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.

REGISTERED LAND SURVEYOR

NUMBER

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

MO 780-0213 (6-00)

Cullens

495
825
1
Carter Rd
© 2011 Google
©2010 Google
Imagery Date: 6/5/2011
38°43'27.34" N 94°24'08.15" W elev 966 ft
Eye alt 3318 ft

Rollins, Kyle

From: Rollins, Kyle
Sent: Thursday, November 10, 2011 12:23 PM
To: 'Lori Driskell'
Subject: RE: Cullens # 1 Plat Map

Lori,

Please inform Lester that the well location not approvable. Cass county has a well spacing requirement of 2 1/2 acres. What this means is a well can only be drilled in the exact center of the 2 1/2 spacing unit. This was a order passed by the Oil and Gas Council earlier this year for oil wells. The well must be 495 feet from the west section line and 825 feet from the south section line to be in the center of a 2 1/2 acre spacing unit.

The application did not indicate what type of well this is. If this is an oil well then the above information applies. If this is a private gas well then you only need 3 acres to drill. If this a commercial gas well then 640 acres are needed. Please let me know what type of well Lester intends to drill.

Thanks

From: Lori Driskell [mailto:loridriskell@yahoo.com]
Sent: Wednesday, November 09, 2011 1:47 PM
To: Rollins, Kyle
Subject: Cullens # 1 Plat Map

Kyle, My dad is Lester Town and he had me send you the plat map for the Cullens #1. Could you let me know when it is approved. Thanks, Lori Driskell

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NOV 01 2013

Mo Oil & Gas Council

FORM OGC-7

STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

PLUGGING RECORD

OWNER'S NAME	ADDRESS		
Town Oil Company, Inc.	16205 West 287th Street Paola, Kansas 66071		
NAME OF LEASE	WELL NUMBER	PERMIT NUMBER (OGC-3 OR OGC-31 NUMBER	
Cullen	1	037-20848	
LOCATION OF WELL SEC TWN RNG OR BLOCK AND SURVEY	LATITUDE	LONGITUDE	COUNTY
Sec. 7 Township 45 North Range 31 ☑ East ☐ West	38.432969	94.241172	Cass

APPLICATION TO DRILL THIS WELL WAS FILED IN NAME OF:	HAS THIS WELL EVER PRODUCED OIL OR GAS?	CHARACTER OF WELL AT COMPLETION (INITIAL PRODUCTION) OIL (BBLS/DAY)	GAS (MCF/DAY)	DRY?
Town Oil Company, Inc.	☐ Yes ☑ No	0	0	☑ Yes ☐ No

DATE OF ABANDONMENT	TOTAL DEPTH	AMOUNT WELL PRODUCING PRIOR TO ABANDONMENT OIL (BBLS/DAY)	GAS (MCF/DAY)	WATER (BBLS/DAY)
11/25/2011	500	0	0	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.
Knobtown	Oil/H2O	115-130	Well filled with 60/40 POZ to surface
Warrensberg	Oil/H2O	320-341	Well filled with 60/40 POZ to surface
Cattleman	Oil/H2O	441-452	Well filled with 60/40 POZ to surface

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
6.25	20'	0	20'	N/A	N/A

WAS WELL FILLED WITH MUD-LADEN FLUID?	INDICATE DEEPEST FORMATION CONTAINING FRESH WATER
☐ Yes ☑ No	Hertha Limestone

NAME AND ADDRESSES OF ADJACENT LEASE OPERATORS OR OWNERS OF THE SURFACE

NAME	ADDRESS	DIRECTION FROM THIS WELL
None		

METHOD OF DISPOSAL OF MUD PIT CONTENTS	Air dry and fill with dirt.

NOTE FILE THIS FORM IN DUPLICATE WITH: (USE REVERSE SIDE FOR ADDITIONAL DETAIL)

CERTIFICATE I, the undersigned, state that I am the Pres of the TOC (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 Robert Town DATE 11/01/2013

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)
			No drillers log of record.

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.

MO 780-0217 (6-06)