

**WELL PLUGGING APPLICATION**

*Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
MUST be submitted with this form.*

OPERATOR: License #: 6142
 Name: Town Oil Company Inc.
 Address 1: 16205 W 287TH ST
 Address 2: _____
 City: PAOLA State: KS Zip: 66071 + 8482
 Contact Person: Lance Town
 Phone: (913) 294-2125

API No. 15 - 15-121-02656-00-00
 If pre 1967, supply original completion date: 01/01/1965
 Spot Description: _____
NE SE NW NE Sec. 29 Twp. 18 S. R. 24 ☒ East ☐ West
4510 Feet from ☐ North / ☒ South Line of Section
1590 Feet from ☒ East / ☐ West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
 County: Miami
 Lease Name: Gerken Well #: OW-1

Check One: ☒ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic ☐ Water Supply Well ☐ Other: _____
☐ SWD Permit #: _____ ☐ ENHR Permit #: _____ ☐ Gas Storage Permit #: _____

Conductor Casing Size: _____ Set at: _____ Cemented with: _____ Sacks
 Surface Casing Size: 7 Set at: 20 Cemented with: 3 Sacks
 Production Casing Size: 0 Set at: 0 Cemented with: 0 Sacks

List (ALL) Perforations and Bridge Plug Sets:

Attached

Elevation: 929 (☒ G.L. / ☐ K.B.) T.D.: 505 PBTD: _____ Anhydrite Depth: _____
 (Stone Corral Formation)

Condition of Well: ☐ Good ☐ Poor ☐ Junk in Hole ☐ Casing Leak at: -
 (Interval)

Proposed Method of Plugging (attach a separate page if additional space is needed):

Pump cement through 1" pipe from bottom to surface. Remove 1" pipe and pressure cement into casing.

Is Well Log attached to this application? ☐ Yes ☐ No Is ACO-1 filed? ☒ Yes ☐ No

If ACO-1 not filed, explain why:

Plugging of this Well will be done in accordance with K.S.A. 55-101 et. seq. and the Rules and Regulations of the State Corporation Commission

Company Representative authorized to supervise plugging operations: Lance Town
 Address: 16205 W 287th Street City: Paola State: Kansas Zip: 66071 + _____
 Phone: (913) 294-2125
 Plugging Contractor License #: 33961 Name: Consolidated Oil Well Services LLC
 Address 1: 1322 S GRANT Address 2: PO BOX 884
 City: CHANUTE State: KS Zip: 66720 + _____
 Phone: (620) 431-9210

Proposed Date of Plugging (if known): _____

Payment of the Plugging Fee (K.A.R. 82-3-118) will be guaranteed by Operator or Agent

Submitted Electronically

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☐ T-1 (Transfer) ☒ CP-1 (Plugging Application)

OPERATOR: License # 6142
Name: Town Oil Company Inc.
Address 1: 16205 W 287TH ST
Address 2: _____
City: PAOLA State: KS Zip: 66071 + 8482
Contact Person: Lance Town
Phone: (913) 294-2125 Fax: (_____) _____
Email Address: _____

Well Location:
NE SE NW NE Sec. 29 Twp. 18 S. R. 24 ☒ East ☐ West
County: Miami
Lease Name: Gerken Well #: OW-1
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Nina Gerken
Address 1: 36920 Somerset Road
Address 2: _____
City: Paola State: Kansas Zip: 66071 + _____

When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- ☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I Submitted Electronically

I

Form	CP1 - Well Plugging Application
Operator	Town Oil Company Inc.
Well Name	Gerken OW-1
Doc ID	1275057

Perforations And Bridge Plug Sets

Perforation Top	Perforation Base	Formation	Bridge Plug Depth
00	00	Squirrel	

Summary of Changes

Lease Name and Number: Gerken OW-1

API/Permit #: 15-121-02656-00-00

Doc ID: 1275057

Correction Number: 1

Field Name	Previous Value	New Value
Approved Date	11/16/2015	01/04/2016
Production Casing Cemented With	58	0
Production Casing Set At	500	0
Production Casing Size	2.	0
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1271347	../kcc/detail/operatorEditDetail.cfm?docID=1275057