

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CP-1
March 2010

This Form must be Typed
Form must be Signed
All blanks must be Filled

WELL PLUGGING APPLICATION

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

OPERATOR: License #: _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____

API No. 15 - _____
If pre 1967, supply original completion date: _____
Spot Description: _____
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
____ Feet from North / South Line of Section
____ Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____
Lease Name: _____ Well #: _____

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: _____ Set at: _____ Cemented with: _____ Sacks
Production Casing Size: _____ Set at: _____ Cemented with: _____ Sacks

List (ALL) Perforations and Bridge Plug Sets:

Elevation: _____ (G.L. / K.B.) T.D.: _____ 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):

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: _____
Address: _____ City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____
Plugging Contractor License #: _____ Name: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Phone: (_____) _____

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

**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 # _____
Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____
Contact Person: _____
Phone: (_____) _____ Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West
County: _____
Lease Name: _____ Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

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

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 6142
Name: Town Oil Co.
Address 16205 W. 287 St.
Paola, KS. 66071
City/State/Zip _____
Purchaser: Crude Marketing Inc.
Operator Contact Person: Lester Town
913 294-2125
Phone (____) _____
Contractor: Name: COMPANY TOOLS
License: _____
Wellsite Geologist: None
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, USW, Expl., Cathodic, etc)

if Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
7-19-94 7-21-94 9-12-94
Spud Date Date Reached TD Completion Date

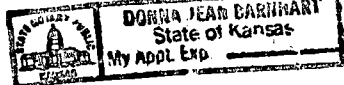
API NO. 15- 059-24,758 ORIGINAL
County Franklin
N/2 NW SW Sec. 8 Twp. 16 Rge. 21 E
2310 Feet from S/N (circle one) Line of Section
4620 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Eversmeyer Well # BW-3
Field Name Paola-Rantoul
Injection Producing Formation Squirrel
Elevation: Ground ~ 983 KB _____
Total Depth 715 PBTD _____
Amount of Surface Pipe Set and Cemented at 21 Ft.
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Ft.
If Alternate II completion, cement circulated from 704'
feet depth to surface 109 ex ca.
Drilling Fluid Management Plan ALT 2 g 9/ 4-27-95
(Data must be collected from the Reserve Pit)
chloride content app 1500-3000 ppm Fluid volume 80 bi
Dewatering method used sucked out & disposed of on
lease
Location of fluid disposal if hauled offsite:
RECEIVED
Operator Name KANSAS CORPORATION COMMISSION
Lease Name OCT 24 1994 License No. _____
Quarter Sec. Twp. S Rng. E/I
County CONSERVATION DIVISION
WICHITA, KS

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 1 month). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Lester Town
Title Partner Date 10-19-94
Subscribed and sworn to before me this 19 day of Oct
19 94
Notary Public Donna Jean Bernhart
Date Commission Expires 4-25-94

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)



Operator Name Town Oil Co. Lease Name Eversmeyer Well # BW-3
 Sec. 8 Twp. 18 Rge. 21 East West
 county Franklin

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy:)
 List All E.Logs Run:

Log Formation (Top), Depth and Datum Sample
 Name Top Datum

See attached copy of log

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9	6 1/4		21	Portland	3	
Completion	5 7/8	2 7/8		704	Portland	109	50/50 Poz 2% ge

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	656-664		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production; SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
 METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
 Production Interval: _____
 Other (Specify) _____

ORIGINAL

RECEIVED
KANSAS CORPORATION COMMISSION

Well #BW-3
Farm: Eversmeyer
Franklin County, KS
Lease Owner: Town Oil Co.

API #15-059-24758

OCT 24 1994

CONSERVATION DIVISION
WICHITA, KS

WELL LOG

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total Depth</u>
0-12	Soil & clay	12
22	Lime	34
7	Shale & slate	41
10	Lime	51
6	Shale	58
21	Lime	79
39	Shale	118
15	Lime	133
78	Shale	210
23	Lime	233
26	Shale	259
5	Lime	264
25	Shale	289
5	Lime	294
13	Shale	307
1	Lime	308
13	Shale	323
23	Lime	346
9	Shale & slate	355
23	Lime	377
4	Shale & slate	381
4	Lime	385
3	Shale	388
5	Lime	393 Hertha
4	Shale & slate	397
5	Sand	402
103	Shale	505
10	Sandy shale	515
42	Shale	557
9	Lime	566
10	Shale & slate	576
7	Lime	583
10	Shale	593
5	Lime	598
12	Shale	610
3	Lime	613
4	Coal	617
3	Shale	620
9	Lime	629
4	Shale & shell	633
6	Shale	639
1	Lime	640
3	Slate	643
3	Lime	646
5	Shale	651

ORIGINAL

1	Sand	652
1	Sand	653
11	Sand	664
2	Sandy shale	666
2	Sand	668
40	Shale	708
5	Sand	713
2	Shale	715 TD

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KANSAS CORPORATION COMMISSION

OCT 24 1994

CONSERVATION DIVISION
WICHITA, KS

STATION Ottawa OPERATOR Fred Mader

P.O. Box 884

Ticket 85632

CONSOLIDATED OIL WELL SERVICES, INC.

Chanute, Kansas 66720
Phone (316) 431-9210

Date	Customer's Acct. No.	Sec.	Twp.	Range	Well No. & Farm	Place or Destination
7-21-94	7823	8	16	21	Eversmeyer-BW-3	Wellsville
Charge To	Owner			County		
Mailing Address			Contractor			State
City & State			Well Owner Operator Contractor			

Charge To: Town Oil Co.
Mailing Address: 16205 W 287th St.
City & State: Parola, KS 66071
Owner: Company Tools
Contractor: Company Tools
Well Owner Operator Contractor: Company Tools
Place or Destination: Wellsville
County: Miami
State: KS.

CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New	Bore Size	Bottom	Circulating	Requested
Production	Used	Total Depth	Top	Minimum	Necessity
Squeeze	Size	Cable Tool	Head	Maximum	Measured
Pumping	Weight	Rotary	FLOAT EQUIPMENT	Sacks Cement	
Other	Depth		Type & Brand		
	Type		Admixes		

Surface: 5-7/8 Bottom: 1-5W Circulating: 220' Requested: 220'
 Production: — Used: — Total Depth: 703' Top: — Minimum: — Necessity: —
 Squeeze: 278 Cable Tool: — Head: BV Maximum: 600' Measured: —
 Pumping: — Weight: — Rotary: AIR FLOAT EQUIPMENT: Pin @ 6.94' Sacks Cement: 109
 Other: — Depth: 704' Type & Brand: Portland A-50/50 Per
 Type: 8RDFUG Admixes: 2% Gel 2 Gel Ahead

FRACTURING - ACIDIZING SERVICE DATA

Type of Job	At Intervals of				
Bbls Fracturing Fluid	Breakdown Pressure from	psi to	psi		
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM
Sand	Gals. Treating Acid	Type	Open Hole Diameter		
Well Treating Through: Tubing	Casing	Annulus	Size	Weight	

RECEIVED
KANSAS CORPORATION COMMISSION
OCT 24 1994

INVOICE SECTION

CEMENTING			FRACTURING - ACIDIZING		
Pumping Charge	1 well	5402 \$	Pumping Charge		
Pumping Charge	@	Office Use \$ 420.00	Pumping Charge	@	Office Use \$
109 Sacks Bulk Cement	@ 51.50	1124	12x30 Sand	@	
Ton Mileage on Bulk Cement	15 @ .65	5407	10x20 Sand	@	
4 sks Premium Gel	@ 6.90	1118	x Sand	@	
Fló-Seal	@		Ton Mileage	@	
Calcium Chloride	@		Gals. Acid	@	
1-2 1/2 Plug Rubber	@	4402	Chemicals	@	
Equipment	@		M.I.T on Casing	@	after
	@		Cement Job	@	
	@			@	
	@			@	
	@			@	
	@			@	
Granulated Salt	@		Potassium Chloride	@	
	@		Rock Salt	@	
	@		Water Gel	@	
Transport Truck (Hrs.)	@		Transport Truck (Hrs.)	@	
Vac Truck (- Hrs.)	@		Vac Truck (Hrs.)	@	
Customer Supplied	@			@	
Water	@			@	
		Tax 40.72			Tax
Total \$ 1156.82			Total \$		

A Finance Charge computed at 1% per month (annual percentage rate of 21%) will be added to balance over 30 days.

142659

September 04, 2019

Lance Town
R.T. Enterprises of Kansas, Inc.
PO BOX 716
LOUISBURG, KS 66053-0716

Re: Plugging Application
API 15-059-24758-00-00
EVERSMAYER BW-3
SW/4 Sec.08-16S-21E
Franklin County, Kansas

Dear Lance Town:

The Conservation Division has received your Well Plugging Application (CP-1).

Under K.A.R. 82-3-113(b)(2), you must notify DISTRICT 3 of your proposed plugging plan at least 5 days before plugging the well. DISTRICT 3's phone number is (620) 902-6450. Failure to notify DISTRICT 3, or failure to file a Well Plugging Record (CP-4) after the well is plugged will result in a penalty recommendation.

Under K.A.R. 82-3-600, you must file an Application for Surface Pit (CDP-1) if you wish to use a workover pit while plugging the well. Failure to timely file a CDP-1, failure to timely remove fluids, or failure to timely file Closure of Surface Pit (CDP-4) or Waste Transfer (CDP-5) forms will result in a penalty recommendation.

This receipt does NOT constitute authorization to plug this well if you do not otherwise have the legal right to do so.

This receipt is VOID after March 02, 2020. If the well is not plugged by then, you will have to submit a new CP-1 if you wish to plug the well.

The March 02, 2020 deadline does NOT override any compliance deadline given to you by Legal, District, or other Commission Staff. Failure to comply with any given deadline will still result in the Commission assessing penalties, or taking other legal action.

Sincerely,
Production Department Supervisor

cc: DISTRICT 3