Notice: *Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.*

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL PLUGGING RECORD

K.A.R. 82-3-117

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

OPERATOR: License #: 6142
Name: Town Oil Company Inc.
Address 1: 15958 W 343RD ST
Address 2:
City: PAOLA State: KS Zip: 66071 + 6251
Contact Person: Lukle Town
Phone: (913) 294-2125

Type of Well: *(Check one)* ☐ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: ☐ SWD Permit #:
☑ ENHR Permit #: E18474.1 ☐ Gas Storage Permit #:
Is ACO-1 filed? ☐ Yes ☑ No If not, is well log attached? ☐ Yes ☐ No

Producing Formation(s): List All *(If needed attach another sheet)*
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.
Depth to Top: Bottom: T.D.

API No. 15 - 15-121-20274-00-01
Spot Description:
NW NE NW Sec. 1 Twp. 17 S. R. 23 ☑ East ☐ West
4995 Feet from ☐ North / ☑ South Line of Section
3296 Feet from ☑ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW
County: Miami
Lease Name: EVERHART Well #: 4 WI
Date Well Completed:
The plugging proposal was approved on: *(Date)*
by: *(KCC **District** Agent's Name)*
Plugging Commenced: 04/30/2025
Plugging Completed: 04/30/2025

Show depth and thickness of all water, oil and gas formations.

Oil, Gas or Water Records		*Casing Record (Surface, Conductor & Production)*			
Formation	Content	Casing	Size	Setting Depth	Pulled Out

Describe in detail the manner in which the well is plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same depth placed from (bottom), to (top) for each plug set.

Pump Cement through 1" from Bottom to surface,plugged with 35 sacks of H-plug cement.

Plugging Contractor License #: 32218 Name: TDR Construction, Inc.
Address 1: 4453 SHAWNEE RD Address 2:
City: WELLSVILLE State: KS Zip: 66092 + 8756
Phone: (913) 710-5400
Name of Party Responsible for Plugging Fees: Town Oil Company
State of County, , ss.
Luke Town *(Print Name)* ☐ Employee of Operator or ☑ Operator on above-described well,
being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and the same are true and correct, so help me God.

Submitted Electronically