

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: 16205 West 287th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____
Contact Person: Lori Driskell
Phone: (913) 837-8400
Type of Well: (Check one) ☒ Oil Well ☐ Gas Well ☐ OG ☐ D&A ☐ Cathodic
☐ Water Supply Well ☐ Other: _____ ☐ SWD Permit #: _____
☐ ENHR Permit #: _____ ☐ 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)
Squirrel Depth to Top: _____ Bottom: _____ T.D. 650'
_____ Depth to Top: _____ Bottom: _____ T.D. _____
_____ Depth to Top: _____ Bottom: _____ T.D. _____

API No. 15 - 059-22583 00 00
Spot Description: NW/4
SW NW NW SW Sec. 8 Twp. 16 S. R. 21 ☒ East ☐ West
275 2156 Feet from ☐ North / ☒ South Line of Section
5115 5138 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☒ SW
County: Franklin
Lease Name: Eversmeyer Well #: 17
Date Well Completed: 2/9/2010
The plugging proposal was approved on: 2/1/2010 (Date)
by: Levi Short (KCC District Agent's Name)
Plugging Commenced: 2/9/2010
Plugging Completed: 2/9/2010

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.

Run 2" pipe and wash to TD. Pumped 20 sacks of portland cement at 650'.

RECEIVED
MAR 04 2010
KCC WICHITA DR

Plugging Contractor License #: 33715 Name: Town Oilfield Service, Inc.
Address 1: PO Box 339 Address 2: _____
City: Louisburg State: KS Zip: 66053 + _____
Phone: (913) 837-8400
Name of Party Responsible for Plugging Fees: Town Oilfield Service, Inc.
State of Kansas County, Miami, ss.
Lori Driskell ☒ Employee of Operator or ☐ Operator on above-described well,
(Print Name)

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.

Signature: Lori Driskell