



**ANNUAL REPORT OF PRESSURE MONITORING,
 FLUID INJECTION AND ENHANCED RECOVERY**

Complete all blanks - add pages if needed. Copy to be retained for five (5) years after filing date.

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

API No.: _____
 Permit No.: _____
 Reporting Year: _____
 (January 1 to December 31)
 _____ - _____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ E W
 (a/a/a/a)
 _____ feet from N / S Line of Section
 _____ feet from E / W Line of Section
 County: _____

I. Injection Fluid:

Type (Pick one): Fresh Water Treated Brine Untreated Brine Water/Brine
 Source: Produced Water Other (Attach list)
 Quality: Total Dissolved Solids: _____ mg/l Specific Gravity: _____ Additives: _____
 (Attach water analysis, if available)

II. Well Data:

Maximum Authorized Injection Pressure: _____ psi Injection Zone: _____
 Maximum Authorized Injection Rate: _____ barrels per day
 Total Number of Enhanced Recovery Injection Wells Covered by this Permit: _____ (Include TA's)

III.	Month:	Total Fluid Injected BBL	Maximum Fluid Pressure	Total Gas Injected MCF	Maximum Gas Pressure	# Days of Injection
	January	_____	_____	_____	_____	_____
	February	_____	_____	_____	_____	_____
	March	_____	_____	_____	_____	_____
	April	_____	_____	_____	_____	_____
	May	_____	_____	_____	_____	_____
	June	_____	_____	_____	_____	_____
	July	_____	_____	_____	_____	_____
	August	_____	_____	_____	_____	_____
	September	_____	_____	_____	_____	_____
	October	_____	_____	_____	_____	_____
	November	_____	_____	_____	_____	_____
	December	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
July 2014

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

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT

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

Check Applicable Boxes:

Oil Lease: No. of Oil Wells 1 **

Gas Lease: No. of Gas Wells _____ **

Gas Gathering System: _____

Saltwater Disposal Well - Permit No.: D30198.0

Spot Location: 4929 FSL feet from N / S Line
4549 FEL feet from E / W Line

Enhanced Recovery Project Permit No.: _____

Entire Project: Yes No

Number of Injection Wells _____ **

Field Name: Ritz-Canton Field ✓

Effective Date of Transfer: February 1, 2016

KS Dept of Revenue Lease No.: 139238 ✓

Lease Name: Lagree ✓

_____ - Nw - NW Sec. 31 Twp. 19S R. 1W E W

Legal Description of Lease: Lagree #1 SWD - NE NW NW
Lagree #5 - NE NW NW Section 31-T19S-R1W ✓

County: McPherson County ✓

Production Zone(s): Mississippi/Viola

Injection Zone(s): Arbuckle ✓

** Side Two Must Be Completed.

Surface Pit Permit No.: _____ (API No. if Drill Pit, WO or Haul) _____ feet from N / S Line of Section
_____ feet from E / W Line of Section

Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling

Past Operator's License No. 34470 ✓

Past Operator's Name & Address: Victory Minerals, LLC ✓
11 North Saint James Place, Eastborough, KS 67206

Title: Manager

Contact Person: Carmon Decker or Christoph Stoen

Phone: 816-223-3712

Date: 2/1/2016

Signature: Christoph Stoen

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New Operator's License No. 5631 ✓

New Operator's Name & Address: Loewen Operator, INC.
P.O. Box 335, Canton, KS 67428

Title: President

Contact Person: Douglas D. Leowen

Phone: 620-628-4425

Date: 5-31-2016

Signature: Douglas D. Leowen, P.E.

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Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

Loewen Operator Inc is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-30,198 . Recommended action: NONE

Date: 7-20-16 Cheryl L Bayer
Authorized Signature

_____ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: _____ .

Date: _____
Authorized Signature

DISTRICT _____ EPR 7-19-16 PRODUCTION 7-27-16 UIC 7-20-16
Mail to: Past Operator 7-20-16 New Operator 7-20-16 District (2) 7-20-16

Must Be Filed For All Wells

KDOR Lease No.: 139238

* Lease Name: Lagree

* Location: NW NW Section 31-T19S-R1W

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
<u>1</u>	<u>15-113-19199-0001</u> ✓	4629 FSL <u>Circle</u> <u>(FSL)</u> FNL	4549 FEL <u>Circle</u> <u>(FEL)</u> FWL	<u>SWD</u>	<u>Active</u>
<u>5</u>	<u>15-113-01487</u> ✓	4914 FSL <u>(FSL)</u> FNL	4028 FEL <u>(FEL)</u> FWL	<u>Oil</u>	<u>Producing</u>
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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CONSERVATION DIVISION
WICHITA, KS

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JUN 20 2016

CONSERVATION DIVISION
WICHITA, KS

A separate sheet may be attached if necessary

* When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 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 # 5631
Name: Loewen Operator, INC.
Address 1: P.O. Box 335
Address 2: _____
City: Canton State: KS Zip: 67428 + _____
Contact Person: Douglas D. Loewen
Phone: (620) 628-4425 Fax: (_____) _____
Email Address: dloewen@hometelco.net

Well Location:
_____ NW NW Sec. 31 Twp. 19S S. R. 1W East West
County: McPherson County, KS
Lease Name: Lagree Well #: 1 SWD & 5

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Lagree #1 SWD - NE NW NW Sec. 31-T19S-R1W
Lagree #5 - NE NW NW Sec. 31-T19S-R1W

Surface Owner Information:

Name: Emma Creek Farms, Inc.
Address 1: Harvey K. Schmidt
Address 2: 717 29th
City: Canton State: KS Zip: 67428 + _____

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 hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 5-31-2016 Signature of Operator or Agent: Douglas D. Loewen Title: Pres.

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JUL 18 2016

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WICHITA, KS