KOLAR Document ID: 1480032

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: MUST be subm | itted with this form. | | | |
|--|--|--|--|--|
| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: | | | |
| Gas Lease: No. of Gas Wells** | KS Dept of Revenue Lease No.: | | | |
| Gas Gathering System: | | | | |
| Saltwater Disposal Well - Permit No.: | Lease Name: | | | |
| Spot Location: feet from N / S Line feet from E / W Line | Legal Description of Lease: | | | |
| Enhanced Recovery Project Permit No.: | | | | |
| Entire Project: Yes No | County: | | | |
| Number of Injection Wells ** | | | | |
| Field Name: | Production Zone(s): | | | |
| ** Side Two Must Be Completed. | Injection Zone(s): | | | |
| 200000000000000000000000000000000000000 | | | | |
| Surface Pit Permit No.: | feet from N / S Line of Section | | | |
| (API No. if Drill Pit, WO or Haul) | feet from E / W Line of Section | | | |
| Type of Pit: Emergency Burn Settling | Haul-Off Workover Drilling | | | |
| Pact Operator's License No. | Contact Person: | | | |
| Past Operator's License No. | Contact Person: | | | |
| Past Operator's Name & Address: | Phone: | | | |
| | Date: | | | |
| Title: | Signature: | | | |
| New Operator's License No. | Contact Person: | | | |
| New Operator's Name & Address: | Phone: | | | |
| | Oil / Gas Purchaser: | | | |
| | Date: | | | |
| | | | | |
| Title: | Signature: | | | |
| Acknowledgment of Transfer: The above request for transfer of injection | n authorization, surface pit permit # has been | | | |
| noted, approved and duly recorded in the records of the Kansas Corporation | n 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. | | | |
| is acknowledged as | is acknowledged as | | | |
| the new operator and may continue to inject fluids as authorized by | the new operator of the above named lease containing the surface pit | | | |
| Permit No.: Recommended action: | permitted by No.: | | | |
| | | | | |
| Date: Authorized Signature | Date: | | | |
| DISTRICT EPR | PRODUCTION UIC | | | |
| DISTRICT EFF | THOUSE HON | | | |

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Side Two

Must Be Filed For All Wells

| * Lease Name: * Location: | | | | | |
|---------------------------------|------------------------------|---|--------------------------|-----------------------------------|--------------------------------------|
| 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) |
| | | Circle FSL/FNL | <i>Circle</i> 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 | | |
| | _ | 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 | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | FSL/FNL | FEL/FWL | | |
| | | | FEL/FWL | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.

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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 # | Well Location: SecTwpS. R East West County: 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: | 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. |
| the KCC with a plat showing the predicted locations of lease roads, tall | odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. |
| owner(s) of the land upon which the subject well is or will be | Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. |
| KCC will be required to send this information to the surface of | acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. |
| If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CF | g fee with this form. If the fee is not received with this form, the KSONA-1 P-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: Signature of Operator or Agent: | Title: |

Additional Surface Owner Information

Stanton 23 30S 40W

> DORSETT, WILLIAM C 1715 LEAVENWORTH MANHATTAN, KS 66502

KEENER, BARBARA A TRUST PO BOX 1827 ARDMORE, OK 73402

SHORE, HAROLD & HELEN TRUST & TRUSTEES 6039 E RD 23 JOHNSON, KS 67855

SHORE, HAROLD W & HELEN M TRUST & TRUSTEES 6039 E RD 23 JOHNSON, KS 67855

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