KOLAR Document ID: 1826881

** Side Two Must Be Completed. Surface Pit Permit No::	OIL & GAS CONS REQUEST FOR CHA TRANSFER OF INJECTIOI	ATION COMMISSION ERVATION DIVISION ANGE OF OPERATOR NOR SURFACE PIT PERMIT with the Kansas Surface Owner Notification Act,
Gas Lease: No. of Gas Wells ** Gas Gathering System:		tted with this form.
Gas Gathering System: In Order Order December 2001 Gas Gathering System: In Order Order December 2001 Solution: feet from N /] S Line Field Name: Injection Zone(s): Field Name: Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No:: ////////////////////////////////////	Oil Lease: No. of Oil Wells**	Effective Date of Transfer:
Image: Contract Person: Image: Contract Person: <th>Gas Lease: No. of Gas Wells**</th> <th>KS Dept of Revenue Lease No</th>	Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No
Solutionary Sector Sector Solutionary Project Permit No: feet from [] K /] S Line Fehranced Recovery Project Permit No: feet from [] K /] W Line Entime Project: Yes] No Number of Injection Walls ** Production Zone(s): Injection Zone(s): '* Side Two Must Be Completed. Surface Pit Permit No:API No. If Drill Pit, WO or Hauly feet from [] K /] S Line of Section Type of Pit: Emergency Burn [] Settling Plaul-Off [] Workover [] Drilling Past Operator's License No. Contact Person: Past Operator's License No. Contact Person: Past Operator's License No. Contact Person: Phone: Date: Signature: New Operator's License No. Contact Person: Phone: Oil / Gas Purchaser: New Operator's Email: Date: Signature: Signature:	Gas Gathering System:	
Spot Location: feet fromfeet from	Saltwater Disposal Well - Permit No.:	
Entire Project: Yes No Number of Injection Wells ** Field Name: ** ** Side Two Must Be Completed. Surface Pit Permit No::		
Number of Injection Wells ** Field Name: ** ** Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No::	Enhanced Recovery Project Permit No.:	
Field Name: ** Side Two Must Be Completed. Suface Pit Permit No::	Entire Project: Yes No	County:
Field Name: Injection Zone(s): •* Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No::	Number of Injection Wells**	Production Zone(s):
** Side Two Must Be Completed. Surface Pit Permit No::	Field Name:	
(API No. if Drill Prit, WO or Haul)	** Side Two Must Be Completed.	
Past Operator's Name & Address: Phone: Date: Date: Title: Signature: New Operator's License No, Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Oil / Gas Purchaser: New Operator's Email: Date: Title: Signature: Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		feet from E / W Line of Section
Date:	Past Operator's License No.	Contact Person:
Date:	Past Operator's Name & Address:	Phone:
Title: Signature: New Operator's License No. Contact Person: New Operator's Name & Address: Phone: Oil / Gas Purchaser: Oil / Gas Purchaser: New Operator's Email: Date: Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Image:		
New Operator's Name & Address: Phone:	Title:	
Oil / Gas Purchaser: Oil / Gas Purchaser: New Operator's Email: Date: Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. Is acknowledged as the new operator and may continue to inject fluids as authorized by Is acknowledged as Permit No: Recommended action: Image: Date: Image: Authorized Signature	New Operator's License No.	Contact Person:
New Operator's Email:	New Operator's Name & Address:	Phone:
New Operator's Email:		Oil / Gas Purchaser:
Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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.		
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.		
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.	Title:	Signature:
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action: Date:Authorized Signature Date:Authorized Signature	noted, approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Permit No.:	is acknowledged as	is acknowledged as
Authorized Signature Authorized Signature	the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	
Authorized Signature Authorized Signature		
DISTRICT EPR PRODUCTION UIC	Date: Authorized Signature	
	DISTRICT EPR	PRODUCTION UIC

Side Two

Must Be Filed For All Wells

Vell No.	API No. (YR DRLD/PRE '67)	Eastage from Se			
		(i.e. FSL = Feet from	ction Line South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
		<i>Circle:</i> 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 _		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	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.

KOLAR Document ID: 1826881

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-
July 202
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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:
Name:	
Address 1:	County:
Address 2:	Lease Name: Well #:
City: Zip: Contact Person:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: () Fax: ()	
Email Address:	
Surface Owner Information:	
Name:	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1:	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: State: Zip:+	

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 (see Chapter 55 of the Kansas Statutes Annotated), 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: ______ Signature of Operator or Agent: ______

The Peterson lease landowner provided us with the attached letter from the KCC, stating the wells must be placed on the well inventory of an oil and gas operator, if he doesn't want the wells plugged. Jones & Buck Development, LLC member Matt Jones called KCC District office and was advised to call Kelcey Marsh in the KCC legal department. Kelcey Marsh approved of Jones and Buck Development, LLC receiving the wells and placing them on their well inventory.

Conservation Division 266 N. Main St., Ste. 220 Wichita, K\$ 67202-1513

Dwight D. Keen, Chair Susan K. Duffy, Commissioner Andrew J. French, Commissioner



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Laura Kelly, Governor

February 12, 2025

Randy & Linda Peterson 2663 CR 1780 Havana, Ks 67347

Re: Notification of Plugging Project.

Mr. & Mrs. Peterson:

To help prevent pollution to usable waters in the State of Kansas, the Kansas Corporation Commission (KCC) plugs abandoned oil and gas wells as plugging funds become available.

Attached to this letter is a list of abandoned wells on your property the KCC has identified for inclusion in a proposed well plugging project. We intend to begin this plugging project with-in the

To schedule the plugging project, we ask that you provide us with a telephone number or email address within 15 days of the date of this letter so that we may contact you directly. Please provide your contact information to:

Russell Hine 620-902-6455 620-432-4001 (cell phone) <u>r.hine@kcc.ks.gov</u>	or	Dallas Logan 620-902-6456 785-250-9017 (cell phone) d logan @loga 1
Diagona		d.logan@kcc.ks.gov

Please note that the KCC retains ownership of any salvage material obtained from plugging wells using plugging funds. After plugging occurs, salvage material is auctioned to the highest bidder. If there is any salvage material from plugging the wells on the attached list, the winning bidder for the salvage material will need access to your property in order to collect the material.

If you do not want the attached wells to be plugged, the wells must be placed on the well inventory of an oil and gas operator with an active Kansas license within 30 days of the date of this letter. If you wish to apply for an oil and gas license yourself, you may contact the KCC Licensing Department at the phone number listed above. If you do obtain an oil and gas license, however, the attached wells must be placed on your well inventory within 30 days of the date of this letter or else the wells will be plugged. We would be happy to discuss any questions or concerns you may have about the proposed plugging project.

Sincerely. /s/ Russell Hine Russell Hine Kansas Corporation Commission, District #3

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IOTAL WELLS ON PROPOSED FEDERAL PLUGGING PROJECT						PETERSON A L&W 201	1	PETERSON A 1-20									PETERSON A B-ZO	1
ED FEDERAL PLUGGIN	T.00077575757	15125023780000	15135033760000	15135033750000	15125207840000	15125323840000	15125323490000	15125220230000	15135333330000	15175010310000	15175706700000	15125206800000	15125206780000	15125023740000	15125206730000	15135305730000	15125023730000	API_WELLNO
IG PROJEC	7	,	1	1 -	4 •	4	7 ~	1			1 -	· L	4	J ~	4 ~	1 、	4 J	WH_SE
	34	34	34	34	t t	5 U	5 C	34	34	34	, t	0 L 2 T	2 J4	34) 34 • 4	2 34 • 4	34	WH_TWP
	14	14	14	14	, 14	1 L4	4 4	14	14	14	14	4 F	* 14	14	14	14	14	WH_RNGN
17	4283	4632	3971	2944	3645	5060	3175	3156	3376	3625	3/84	4126	4328	4884	4897	4920	3780	N FSL
	1965	1898	2485	1992	2340	2140	924	1670	1294	401	1069	302	703	285	723	1123	2045	FEL
	37.108065	37.109033	37.10721	37.10436	37.106292	37.110177	37.105054	37.104978	37.10556	37,10631	37.1067	37.107688	37.107711	37,109749	37.109723	37.110174	37.106676	WH_LAT
	-95.916866 EOR	-95.916576 EOR	-95,918629 OIL	~95.917 EOR	-95.91821 OIL	-95.917462 OIL	-95.913337 OIL	-95.915895 OIL	-95.91461 EOR	-95.911538 OIL	-95.91382 OIL	-95.911157 OIL	-95.914017 OIL	-95.911102 OIL	-95.91258 OII	-95.913959 OIL	-95.917114 06	WH_LONG WE
	720	680	700	785	786	811	700	700	764	700	700	700	700	700	L 700	L 700	5 1525	WELL_TYP TVD

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Page 1 of 1

17 WELLS IN COUNTY

MG

FEDERAL PLUGGING PROJECT #4 WELL INVENTORY