### KOLAR Document ID: 1841538

**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 #:   | API No. 15   |
|--|--|
| Name:  | Spot Description:  |
| Address 1:   | Sec Twp S. R East West                                   |
| Address 2:   | Feet from North / South Line of Section                  |
| City: State: Zip: +  | Feet from East / West Line of Section                    |
| Contact Person:  | Footages Calculated from Nearest Outside Section Corner: |
| Phone: ( )   | NE NW SE SW  |
| Type of Well: (Check one)       Oil Well       Gas Well       OG       D&A       Cathodic         Water Supply Well       Other:       SWD Permit #:       SWD Permit #: | County: Well #:<br>Lease Name: Well #:                   |
| Is ACO-1 filed? Yes No If not, is well log attached? Yes No  | The plugging proposal was approved on: (Date)            |
| Producing Formation(s): List All (If needed attach another sheet)  | by: (KCC <b>District</b> Agent's Name)                   |
| Depth to Top: Bottom: T.D  | Plugging Commenced:                                      |
| Depth to Top: Bottom: T.D  | Plugging Completed:                                      |
| Depth to Top: Bottom: T.D  |  |

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.

| Plugging Contractor License #:               | Name:   |
|--|---|
| Address 1:                                   | Address 2:  |
| City:  | State: Zip: +   |
| Phone: ( )                                   |   |
| Name of Party Responsible for Plugging Fees: |   |
| State of County,                             | , SS.   |
| (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



### **TREATMENT REPORT**

|                | w Come              |             |                    |                                       |                                |               |   | Acid Stage No |              |       |
|----------------|---------------------|-------------|--------------------|---------------------------------------|--------------------------------|---------------|---|---------------|--------------|-------|
| Date<br>Compan | 4/25/2025<br>v NOVY | District GB | F.C                | No 70987                              | Type Treatment: Amt<br>Bkdown  | Bbl./Gai      |   | Sand Size     | Pounds of Si | and   |
| Well Nan       | No ASU 2-           | 3 KSC       | u                  |                                       |                                | BD1/Gal       |   |               |              |       |
| Location       |                     |             | Field              |                                       |                                | Bbl /Gal.     |   |               |              |       |
| County         | RENO                |             | State KS           |                                       |                                | Bbi./Gal.     |   |               |              |       |
|                |                     |             |                    |                                       | Flush                          | Bb1./Gal      |   |               |              |       |
| Casing         | Size 51/            | 7 TUDE & WI |                    |                                       | Treated from                   | ħ             | to  | fi N          | ion O        |       |
| Formatio       |                     |             |                    | Set atht                              | from                           |               | to  |               | lo.tt O      |       |
|                |                     |             |                    | 10                                    | from                           | ft.           | to  |               | 10. ft. 0    |       |
| Formatio       |                     |             | Perl.              | to                                    | Actual Volume of Oit / Water   | to Load Hole: |   |               |              | 16    |
| Formation      | u.                  |             | Perf               | 1.0                                   |                                |               | and the second se |               | Bbl.,        | /Gal. |
| Linei S        | ize Type I          | 2 Wt        | Top at ft          | Bottom at ft                          | Pump Trucks No Used:           | Std 20        | E .   |               |              |       |
|                |                     |             |                    |                                       | Auxiliary Equipment            | 310. 31       | Zp  |               | Iwin         |       |
| Tubing         | Size & Wt           | 2 3/8       | Swung at           |                                       | Personnel TIM GREG ROS         | 55            |   |               |              |       |
|                | Perforated f        | 1007        | ft 10              |                                       | Auxiliary Tools                |               |   |               | ·            |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
| Open Hole      | Size                | 7.D         | ft                 | P.B to h.                             | Plugging or Sealing Materials: | Туре          |   |               |              |       |
|                |                     |             |                    | h.8 10h.                              |                                |               |   | Gals          | lb           |       |
| Company        | Representative      |             |                    |                                       |                                |               |   |               |              |       |
| TIME           |                     | SURES       | KUR                |                                       | Treater                        |               | TIM DE  | TTER          |              |       |
| a.m./p.m.      | Tubing              |             | Total Fluid Pumped |                                       |                                |               |   |               |              |       |
|                | ruong               | Casing      |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    | MIX 50 SKS AT 1                       | 400' WAIT 1 HR TO              | O TAG         |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    | TAG AT 1200'                          |                                |               |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    | MIX 50 SKS AT 9                       | 00'                            |               |   |               |              |       |
|                |                     |             |                    | THE SO SKS AT S                       |                                |               |   |               |              |       |
|                |                     |             |                    | TRY TO CIRCUMAT                       |                                |               |   |               |              |       |
|                |                     |             |                    | TRY TO CIRCULAT                       | TE CEMENT AT 30                | 0'            |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               | ·····        |       |
|                |                     |             |                    | MIX 200 SKS DID                       | NOT CIRCULATE                  |               |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    | TOTAL SKS 150 SI                      | KS COMMON 150                  | SKS CON       | ANACONINA   | 1 20/ CALC    |              |       |
|                |                     |             |                    |                                       |                                |               | INVIOLA AN  | 3% CALC       | UM           |       |
|                |                     |             |                    | LET SIT OVER WE                       | EKEND AND TRY T                | O CIDCU       | ATE   |               |              |       |
|                |                     |             |                    |                                       | CILIND AND INT I               | UCIKCU        | LATE  |               |              | 1     |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
|                | +                   |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    | · · · · · · · · · · · · · · · · · · · |                                |               |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
| -+-            |                     |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              |       |
|                |                     |             |                    |                                       |                                |               |   |               |              | _     |

| BURAELIUUD               | FIELD<br>ORDER Nº C70987                |
|--------------------------|---|
| Acid & Cement Box 438    | HAYSVILLE, KANSAS 67060<br>316-524-1225 |
| IS AUTHORIZED BY: NOVY   | DATE25-Apr 2025                         |
| Address                  | (NAME OF COSTOMER)                      |
| TO TREAT WELL            | CityState KS                            |
| AS FOLLOWS Lease ASU KSU | Well No #2-3 Customer Order No          |
| Range                    | County RENO State KS                    |
| X Safely Shoes           | Permits<br>rip Hazard<br>all Protection |

| CODE    | QUANTITY | DESCRIPTION                    | UNIT        | AMOUNT     |
|---------|----------|--------------------------------|-------------|------------|
| 30.0002 | 48       | Mileage Pump Truck             | COST        | AMOUNT     |
| 20.0003 | 1        | Pump Charge Plug               | \$6.00      | \$288.0    |
| 20.1001 | 150      | Common Cement Sack             | \$700.00    | \$700.0    |
| 20.1001 | 150      | Common Cement Sack             | \$18.25     | \$2,737.50 |
| 20.1012 |          | Coloium Oblacida               | \$18.25     | \$2,737.50 |
|         |          | Calcium Chloride per 50 lb.    | \$42.00     | \$210.00   |
|         |          |                                |             |            |
|         |          |                                |             |            |
|         |          |                                | +           |            |
|         |          |                                | +           |            |
|         |          |                                | +           |            |
|         |          |                                | ++          |            |
|         |          |                                | <u>├───</u> |            |
|         |          |                                | +           |            |
|         |          |                                | 1           |            |
| 20.0011 | 305      | Pulli OL                       |             |            |
| 20.0012 | 686      | Bulk Charge                    | \$1.25      | \$381.25   |
|         |          | Bulk Truck Miles               | \$1.10      | \$754.60   |
|         |          | Process License Fee on Gallons |             | 4104.00    |
|         |          | TOTAL BULINIC                  |             |            |

I certify that the above material has been accepted and used, that the above service was performed in a good and workmanlike \$7,808.85 manner under the direction, supervision and control of the owner operator or his agent, whose signature appears below.

Copeland Representative TIM DETTER

Station GB

CODE

Remarks

KURT

Well Owner, Operator or Agent

### NET 30 DAYS

CONDITIONS. As a part of the consideration nereof 4 is agreed that Copeiand Acid is to service or treat at owners risk, the hereinbefore mentioned well and is not to

Fire Extinsuisher

be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing of treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date it? Interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules



### FIELD ORDER Nº C 48588

#### BOX 438 · HAYSVILLE, KANSAS 67060 316-524-1225

|  |                                     | DATE 4/30         | 2025   |
|--|-------------------------------------|-------------------|--|
| IS AUTHORIZED BY:                              | NON OIL + CAS<br>(NAME OF CUSTOMER) |                   |  |
|  | (NAME OF CUSTOMER)                  |                   | The second s |
| Address  | City                                | State             |  |
| To Treat Well<br>As Foliows: Lease <u>よう</u> ц | Well No. 2-3                        | Customer Order No |  |
| Sec. Twp.<br>Range 3-235 - 10m)                | County ZENO CO                      | State             | 42   |

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

By

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED.

| CODE                | QUANTITY | DESC                      | RIPTION                               |                                       | AMOUNT |
|---------------------|----------|---------------------------|---------------------------------------|---------------------------------------|--------|
|                     | 1        | PUMP CHARGE FOR PUG JOB   |                                       | 700.00                                | 700.00 |
|                     | 25       | SACKES COMMON CEMENIT     |                                       | 18,00                                 | 450.00 |
|                     | 50       | MULLAGE FUEL CHARGE PUMP- | Teucle.                               | 6.00                                  | 300.00 |
| · • · • • · · · · · |          |                           |                                       | -                                     |        |
|                     |          |                           |                                       |                                       |        |
|                     |          |                           |                                       |                                       |        |
|                     |          |                           |                                       |                                       |        |
|                     | 1        |                           | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |        |
|                     |          |                           |                                       |                                       |        |
|                     |          |                           |                                       |                                       |        |
|                     |          |                           | ·····                                 |                                       |        |
|                     |          |                           |                                       |                                       |        |
|                     | 255%     | Bulk Charge @ 1.25        | 14775 40                              |                                       | 1000   |
|                     | 50 Miles | 21.0                      | 150. MINI LHARGE                      |                                       | 150.00 |
|                     | -D WILLS |                           | 150.00 MIN CHARGE                     |                                       | 150.00 |
|                     |          | F106635 License r 68 011  |                                       |                                       |        |
| Leastitu            |          | Process License Fee on    | Gallons<br>TOTAL BILLING              |                                       |        |

sed; that the above service was performed in a good and workmanlike manner under the direction, suppryision and control of the owner, operator or his agent, whose signature appears below.

15117

**Copeland Representative** 

Station\_ KURKTON

Remarks FINISH PLUG JGB 2551 EA NET 30 DAYS Well Owner, Operator or Agent

# **BUPELIND** Acid & Cement

# TREATMENT REPORT

Acid Stage No.

|              |  |               |             | - I  | Type Treatment:   | Amt.   | Type Fluid   | Band Sim     | Pounds of Maud |
|--------------|--|---------------|-------------|--|-------------------|--|--------------|--------------|----------------|
| Unit 4/30    | leves Di   | strict        |             | a august an an and the state of | Bkdown            |  |              |              |                |
|              |  |               |             |  |                   | Bbi. /Gai.   |              |              |                |
| Well Name &  | No. KSCI 2-  | 3             |             |  | ·····             | Bbi. /Gai.   |              |              |                |
|              |  |               |             |  |                   |  |              |              |                |
| County RE    | No COUNT   | (             | since MS    |  |                   |  |              |              |                |
|              | 1  |               |             |  |                   |  |              |              |                |
|              |  |               |             | Net atft.  | from              |  | ft. to       |              | £t             |
| Formation    |  |               | Perf        |  | trom              |  | ft. tu       | ft. No.      | ft             |
| Formation    |  |               |             |  | Artual Volume of  | Oil /Water to L  | oad Hole:    | 414          | Bbl. /Cal.     |
|              |  |               |             |  |                   |  |              |              |                |
|              |  |               |             | Bottom stft.   |                   |  | 323 sp.      |              |                |
| Cen          | nented: Yes /No.   | Perforated fi | ·•#2        | .ft. 10ft.   |                   |  | CEMENT #3    |              |                |
| Tubing: Hise | AWL NA   |               | Bwung at    |  |                   |  |              |              |                |
| Pe           | rforated from  |               |             |  |                   |  | A            |              |                |
|              |  |               |             |  | Plugging or Seali | ng Materiais: T:<br>/)   | The 255% Co  |              |                |
| iken Hole St | ¥  | T.D           |             | 18. 10fl.  |                   |  | ·····        |              |                |
|              |  |               |             |  | Treater           | Hall   | Deprict      |              |                |
|              | Representativ  | C             | Total Field | [  |                   |  |              |              |                |
| TIME         | Tubing   | Casing        | Pumped      |  |                   | REMA   | R X S        |              |                |
| 0 1 00       |  |               | 1           | ASL, JSA PLA U.  | A THE OUTED       | SUFCARE PA   | r.           |              |                |
| 9:00         | 1  | 300.4         | 334 002     | START COMMON (   | Bus Es be State   | NOV 1/2 84   | magel        | ackes as 0.3 | Oot three      |
| 9:28         |  | 200 **        | 5-FI DOC    |  |                   |  |              |              |                |
| A :110       | +  | 10            | 21/2 882    | ATTEND OF HOSE<br>START COMMON!  | ENEAT SUM         | dun mu (A  | and is Fair  | OF (POTA)    | - to an alant  |
| 9:40         |  |               | A HE BOL    | WASH UP. TEAR  | Drugel L.L.       | CENENT 1   | Dun 7' mis   | al LEGULAK   |                |
| 4:55         | +  |               | +           |  |                   |  |              |              |                |
|              |  |               |             |  |                   |  |              |              |                |
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|              | and the second s |               |             |  |                   |  |              |              |                |
|              |  |               |             |  |                   |  |              |              |                |

Invoice

# **GRESSEL OIL FIELD SERVICE**

POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 FAX (316) 524-1027

BURRTON, KS GREAT BEND, KS ۲ (620) 463-5161 (620) 793-3366

۵ HAYS, KS

4 (785) 628-3220

INVOICE NUMBER: L2982-IN

Page: 1

BILL TO: NOVY OIL & GAS, INC. **PO BOX 559** GODDARD, KS 67052

LEASE: KSU #2-3

| DATE                  | ORDER       | SALESMAN                             | ORDER DATE                                      | PURCHASE                         | ORDER          | SPECIAL IN   | STRUCTIONS       |      |
|-----------------------|-------------|--------------------------------------|---|----------------------------------|----------------|--------------|------------------|------|
| 04/30/2025            | 2982        |                                      | 04/25/2025 KSU #2-3                             |                                  |                | KSU #2-3     |                  | Т 30 |
| QUANTITY              | U/M         | ITEM NO./DI                          | ESCRIPTION                                      |                                  | D/C            | PRICE        | EXTENSIO         |      |
|                       |             | PERFORATED WIT<br>AS FOLLOWS:        | TH TITAN 3323-323T, SO                          | QUEEZE HOLES                     |                |              |                  |      |
|                       |             | FROM 1400' TO 14<br>WITH 4 SHOTS; AN | 01' WITH 4 SHOTS; FR(<br>ID FROM 300' TO 301' \ | OM 900' TO 901'<br>NITH 4 SHOTS. |                |              |                  |      |
|                       |             | SET 5 1/2" WEATH<br>SACKS CEMENT O   | ERFORD CIBP AT 3695<br>N TOP                    | 5' WITH 2                        |                |              |                  |      |
| 1.00                  | EACH        | SET UP WIRELI                        | NE  |                                  | 0.00           | 1,000.00     | 1,000.00         |      |
| 1.00                  | EACH        | PERFORATE - 1                        | ST 4 SHOTS                                      |                                  | 0.00           | 1,200.00     | 1,200.00         |      |
| 1.00                  | EACH        | PERFORATE - N                        | IEXT 4 SHOTS                                    |                                  | 0.00           | 700.00       | 700.00           |      |
| 1.00                  | EACH        | PERFORATE - N                        | IEXT 4 SHOTS                                    |                                  | 0.00           | 700.00       | 700.00           |      |
| 1.00                  | EACH        | CAST IRON BRI                        | DGE PLUG  |                                  | 0.00           | 850.00       | 850.00           |      |
| 3,695.00              | EACH        | SET CIBP                             |   |                                  | 0.00           | 0.22         |                  |      |
| 1.00                  | EACH        | DUMP BAILER                          |   |                                  | 0.00           | 300.00       | 812.90<br>300.00 |      |
|                       |             |                                      |   |                                  |                |              |                  |      |
|                       |             |                                      |   |                                  |                |              |                  |      |
| MIT TO:<br>P.O. BOX 4 | 138         |                                      | LTG   |                                  |                | Net Invoice: | 5,562.90         |      |
|                       | E, KS 67060 |                                      | LIG   |                                  |                | Sales Tax:   | 222.22           |      |
| ECEIVED BY            |             | NET 30 DAYS                          |   |                                  | Invoice Total: |              | 5,785.12         |      |

|   | 011                       | ¥         |                        |                               |             |      |
|---|---------------------------|-----------|------------------------|-------------------------------|-------------|------|
| UTITATIL  |                           |           |                        | 2                             | 982         |      |
| Field Service   | e, LLC                    |           |                        |                               |             |      |
| P.O. BOX 43<br>Haysville, KS 6  | 7060                      |           | ари                    | 4-20                          | 5-70        | 328  |
| CHARGE TO: Nalv OI (316) 524-1225 • FAX (3  | 316) 524-10               | 27        | Date_                  | 51-20                         | 52          | >    |
| ADDRESS   |                           |           |                        | and the result                | 1           |      |
| R/A SOURCE NO CUSTO   | MEROR                     | DER NO.   | n des par<br>d'ort est | woeld setter<br>generation be |             | -    |
| LEASE AND WELL NO. KSU#2-3  | FIEL                      |           | 9                      |                               | .2001       | 1.76 |
| SPOT LOCATION NW-NE NE-SE SEC.  | 3                         | Reni      | . 235                  | STA                           | TE<br>EOC   | F-   |
| ZERO <u>Ch.L.</u> CASING SIZE <u>55</u> T<br>CUSTOMER'S T.D. <u>CASING SIZE</u> CASING SIZE   |                           |           | and a state of the     | WEIGHT                        |             | ~    |
|   | L<br>RATOR                | conhe T   | FLU                    | ID LEVEL                      | 27          | 70   |
| PERFORATI   | and some one of           |           |                        |                               |             |      |
| Description   |                           | No. Shots | From De                | epth To                       | Amo         | ount |
| liton 3323-323T Squeeze Holys   | to set from               | 4         | 1400                   | 1401                          | 1200        | 0    |
|   | DWO 100 10                | 2         | 300                    | 301                           | 700         | 101  |
| the second |                           |           |                        | 201                           | 100         |      |
| provide the second of the second of the second s   | id to very                |           | and hadring            | and Bear                      | -           | -    |
| conservation of the induction source of the devices an induction  |                           |           |                        |                               |             |      |
|   | edentration<br>esectiones | use nualm | carbos n               | and the second                | Steel       | 1    |
|   |                           | Denth     | Tota                   | I Price                       | S. Carlos   |      |
| SET 52 Weathing CIB, DV 3695  | From                      | 369       |                        |                               | Amo         |      |
| an industry land with the first of the product of a set of the  |                           |           |                        |                               | PIL         | 70   |
| -KANA 118 COCK2, 2251554 NSVICE INSTRUCTION AND ADDRESS OF 10   |                           |           |                        |                               |             |      |
|   |                           |           |                        |                               |             |      |
| And the second  |                           |           | terra da na            | o <sup>n</sup> o vint ter     | ra orb o    | 2    |
| And a second the second state and a second of second of the second second second second second second second se   |                           |           | aller Barry            | (4) TO ,20 O                  |             |      |
|   |                           |           |                        |                               |             |      |
| MISCELLANEO   |                           |           | - dese                 | and a spitting                |             |      |
| MISCELLANEO<br>Description  | 05                        |           |                        | Quantity                      | Ama         |      |
| Service Charge  |                           |           |                        |                               | Amo<br>1000 | 00   |
| Amp 7 sacks Cam A suche   | 00 E01 90                 | 000 31000 | in Custor              | 1                             | 850         | 2    |
| berty a start contrast on pro-  | troitely one              | 11.02 N   |                        | 1                             | 300         | 00   |
|   |                           |           | 11 25 202              | 10.62 944 19                  | 100000      | 180  |
| RICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT   | nobara son                |           |                        | 2                             | 5577        | at   |
| AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH   |                           |           |                        | Sub Total                     | JU12        | 10   |
|   |                           |           |                        | Tax                           |             | -    |
|   |                           |           |                        |                               |             | 1    |
|   |                           |           |                        | -                             |             |      |

CANARY - File Copy

PINK - Customer Copy GOLDENROD - Field Copy KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION** 

Form T-1

March 2010 Form must be Typed Form must be Signed **REQUEST FOR CHANGE OF OPERATOR** All blanks must be Filled 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: Effective Date of Transfer: October 20, 2011 ✓ Oil Lease: No. of Oil Wells \_\_1 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 138179 Gas Gathering System: Lease Name: KSU #2-3 Saltwater Disposal Well - Permit No .: \_\_\_\_ <u>100' - E \_ E/2 \_ E/2 Sec. 3 Twp. 23 R. 10 E / W</u> \_\_ feet from N / S Line Spot Location: \_ Legal Description of Lease: 2630' FSL & 560' FEL \_\_\_\_\_ feet from E / W Line Enhanced Recovery Project Permit No.: \_ County: Reno Entire Project: Yes No Number of Injection Wells \_\_\_\_ Production Zone(s): Viola Field Name: \_\_\_\_\_Zenith-Peace Creek Injection Zone(s): \*\* Side Two Must Be Completed. 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 31958 David C. Hesse Past Operator's License No. Contact Person: Phone: 316-685-4746 Hesse Petroleum Company, LLC Past Operator's Name & Address: Date: October 20, 201 400 N. Woodlawn, Suite 7, Wichita, KS 67208 Title: Partner Signature: Contact Person: Michael E. Novy New Operator's License No. \_\_\_\_\_31714 New Operator's Name & Address: Novy Oil & Gas, Inc. Phone: 316-265-4651 125 N. Market, Suite 1230 Wichita, KS 67202 Oil / Gas Purchaser: NCRA Date: \_October 20, 2011 SN Vice President Title: Signature: 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. 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: Date: \_ Authorized Signature Authorized Signature DISTRICT -EPR PRODUCTION LIIC Mail to: Past Operator \_ New Operator

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

District \_

Side Two

### Must Be Filed For All Wells

| KDOR Lease    | No.: 138179                  |  |            |                                   |                                      |  |  |
|---------------|------------------------------|--|------------|-----------------------------------|--------------------------------------|--|--|
| * Lease Name: | KSU #2-3                     | * Location:2630' FSL & 560' FEL                                |            |                                   |                                      |  |  |
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |            | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |  |  |
| 2-3           | 15-155-21518-00-00           | 2630 Circle<br>FSL/FNL   | 560 Circle | OIL                               | PROD                                 |  |  |
|               |                              | 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    |                                   |                                      |  |  |
|               |                              |  |            |                                   |                                      |  |  |
|               |                              |  |            |                                   |                                      |  |  |
|               |                              |  |            |                                   |                                      |  |  |
|               |                              |  |            |                                   |                                      |  |  |
|               |                              | FSL/FNL  | FEL/FVVL   |                                   |                                      |  |  |

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

## CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1 July 2010 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 # 31958 Name: Hesse Petroleum Company, LLC Address 1: 400 N. Woodlawn                                       | Well Location:         100'       EE/2_E/2_Sec. 3Twp. 23_S. R. 10East X West         County:       Reno         Lease Name:       KSUWell #: 2-3         If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:   |  |
|---|--|--|
| Address 1:  |  |  |
| Surface Owner Information:         Name:       Frank DeLoach         Address 1:       2901 Frederical Road         Address 2: | When filing a Form T-1 involving multiple surface owners, attach an additional<br>sheet listing all of the information to the left for each surface owner. Surface<br>owner information can be found in the records of the register of deeds for the<br>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 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 haraby cartify that the st | atomonts made bergin are true and co | brect to the best of my Bnowledge and be  | elief                    |
|------------------------------|--------------------------------------|---|--------------------------|
| Thereby certify that the sta | atements made herein are true and oc | incor to the basi of my knowledge and b   | choi.                    |
| Date: 10/20/2011             | _ Signature of Operator or Agent:    | du la | <sub>itle:</sub> Partner |