

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1  
April 2019  
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 \_\_\_\_\_ \*\*
- Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*
- Gas Gathering System: \_\_\_\_\_
- Saltwater Disposal Well - Permit No.: \_\_\_\_\_  
Spot Location: \_\_\_\_\_ feet from  N /  S Line  
\_\_\_\_\_ feet from  E /  W Line
- Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project:  Yes  No  
Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: \_\_\_\_\_

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: \_\_\_\_\_

KS Dept of Revenue Lease No.: \_\_\_\_\_

Lease Name: \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ R.  E  W

Legal Description of Lease: \_\_\_\_\_

County: \_\_\_\_\_

Production Zone(s): \_\_\_\_\_

Injection Zone(s): \_\_\_\_\_

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. \_\_\_\_\_

Contact Person: \_\_\_\_\_

Past Operator's Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

New Operator's License No. \_\_\_\_\_

Contact Person: \_\_\_\_\_

New Operator's Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

New Operator's Email: \_\_\_\_\_

Oil / Gas Purchaser: \_\_\_\_\_

Date: \_\_\_\_\_

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  
the new operator and may continue to inject fluids as authorized by  
Permit No.: \_\_\_\_\_. Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_  
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 \_\_\_\_\_ PRODUCTION \_\_\_\_\_ UIC \_\_\_\_\_



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2021

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Well Location:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ 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: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*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 (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: \_\_\_\_\_ Title: \_\_\_\_\_

*Thompson*

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Annette E. Wilcox 2217 Zehulon Rd.  Marrion, KS 66861	ANNET Ph: Oph: Fax: Id:	01	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N

Specified Min Check Amt: 50.00

IRS Name: Annette E. Wilcox

E-mail:

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
David L. Thompson 2421 24th  Great Bend, KS 67530	DAVID Ph: Oph: Fax: Id:	01   515-94-6953	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N

Specified Min Check Amt: 50.00

IRS Name: David L. Thompson

E-mail:

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Frances Stout 2321 Patrician Way  Colorado Springs, CO 80909	FRANC Ph: Oph: Fax: Id:	01    04-4268483	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N
Specified Min Check Amt: 50.00				
IRS Name: Frances Stout				
E-mail:				

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Janet Cassing Trust 18160 Cottonwood Rd Sunriver, OR 97707	JANET Ph: Oph: Fax: Id:	01	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N

Specified Min Check Amt: 50.00  
IRS Name: Janet Cassing Trust  
E-mail:

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Karen M. Markley Box 577  Syracuse, KS 67878	KAREN Ph: Oph: Fax: Id:	01	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N

Specified Min Check Amt: 50.00

IRS Name: Karen M. Markley

E-mail:

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Keith D. Thompson 1412 W. 14th Ave  Hutchinson, KS 67501	KEITT Ph: Oph: Fax: Id:	01 (785)477-2810   512-74-8444	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N

Specified Min Check Amt: 50.00

IRS Name: Keith D. Thompson

E-mail:

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Kenton & Melanie Eddy, Trustees Box 835  Syracuse, KS 67878	KENTO Ph: Oph: Fax: Id:	01  (620)384-1785  513-50-4087	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N

Specified Min Check Amt: 50.00  
IRS Name: Kenton & Melanie Eddy, Trustees  
E-mail:

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Linda R. McCann 714 W Granite Way Boise, ID 83712-8462	LINDA Ph: Oph: Fax: Id:	01   512-44-2079	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N
Specified Min Check Amt: 50.00 IRS Name: Linda R. McCann E-mail:				

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Mark A. Thompson 116 SW Meadow Lane  Topeka, KS 66606-2236	MARKT Ph: Oph: Fax: Id:	01	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N

Specified Min Check Amt: 50.00

IRS Name: Mark A. Thompson

E-mail:

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

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05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Terry L. & Agatha C. Boy Box 1275 Syracuse, KS 67878	TERRB Ph: Oph: Fax: Id:	01   512-76-0887	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N

Specified Min Check Amt: 50.00  
IRS Name: Terry L. & Agatha C. Boy  
E-mail:

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

HJ, Inc.  
OWNER / CUSTOMER MASTER FILE  
05/29/2026

Name & Address	Number	Company	Terms	YTD Billed
Virginia A Hager Box 457  Mobridge, SD 57601-045	VIRGH Ph: Oph: Fax: Id:	01 (605)273-4438   511-66-6198	0 Days	0.00 Net Out: C Print 1099-MISC's: N Print 1099-NEC's: N

Specified Min Check Amt: 50.00

IRS Name: Virginia A Hager

E-mail:

Withhold State Tax:	N	0.00
Withhold New Mexico Non-Resident State Tax:	N	0.00
Withhold Oklahoma Non-Resident State Tax:	N	0.00
Withhold Oklahoma Pass Through Entity:	N	0.00

Comment:

**H.J. Inc.**

**330 N Industrial Drive**

**Garden City, KS 67846**

Herman Lang Marital Trust Well - Certification of License 5848

H.J. Inc. - Certification of License – 31458

H.J. Inc is the operator and division of interest owner of these wells. Herman Lang passed away on April 1<sup>st</sup> 1994. We would like to transfer Herman Lang Marital Trust license to H.J. Inc. license.

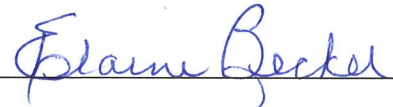
Thank you,

Kenneth Lang and Elaine Becker

Son and Daughter

 Date 5-29-26

Kenneth Lang

 Date 5/29/26

Elaine Becker