

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: _____

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

Name & Address	Number	Company	Terms	YTD Billed
<i>Burr</i> Greenlee Family Trust Trustees of the Gr P O BOX 913 - Farm Mang. Dep Hutchinson, KS 67504	GREEN 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: Greenlee Family Trust Trustees of the Gr
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
Hutchinson Hospital Foundation c/o Gary 1701 E. 23rd Street Hutchinson, KS 67501	HUTCH 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: Hutchinson Hospital Foundation c/o Gary

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
Longwood Mineral Interests, LLC C/O Firs P O Box 913 Hutchinson, KS 67504-0913	LONGW 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: Longwood Mineral Interests, LLC C/O Firs
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
Ronald L. Burr 4208 Carol Ann Ct. Anacortes, WA 98221	RONLB Ph: Oph: Fax: Id:	01 (601)264-6366 515-84-8526	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:	Ronald L. Burr			
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
Ruth M. Dyerly Revocable Trust	RUTHD	01	0 Days	0.00
Attn: FNB Farm Management	Ph:			Net Out: C
	Oph:			Print 1099-MISC's: N
Hutchinson, KS 67504	Fax:			Print 1099-NEC's: N
	Id:	515-42-4451		

Specified Min Check Amt: 50.00
IRS Name: Ruth M. Dyerly Revocable 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
Southwest Med. Center Foundation Box 637	SOUTH	01	0 Days	0.00
	Ph:			Net Out: C
	Oph:			Print 1099-MISC's: N
Liberal, KS 67905-063	Fax:			Print 1099-NEC's: N
	Id:			

Specified Min Check Amt: 50.00
IRS Name: Southwest Med. Center Foundation
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
United Methodist Western Kansas Mexican- 712 St John	UNITE	01	0 Days	0.00
	Ph:			Net Out: C
Garden City, KS 67846	Oph:			Print 1099-MISC's: N
	Fax:			Print 1099-NEC's: N
	Id:	48-0803697		

Specified Min Check Amt: 50.00

IRS Name: United Methodist Western Kansas Mexican-
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
Yvette Fleming	YVETE	01	0 Days	0.00
5101 Deer Ridge Court	Ph:	(817)581-7704		Net Out: C
	Oph:			Print 1099-MISC's: N
Fort Worth, TX 76137	Fax:			Print 1099-NEC's: N
	Id:	13-5401570		
Specified Min Check Amt: 50.00				
IRS Name: Yvette Fleming				
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 1st 1994. We would like to transfer Herman Lang Marital Trust license to H.J. Inc. license.

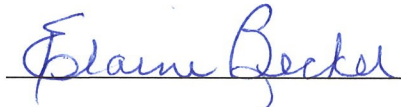
Thank you,

Kenneth Lang and Elaine Becker

Son and Daughter

 Date 5-29-26

Kenneth Lang

 Date 5/29/26

Elaine Becker