KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 April 2004 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

Spot Location Seet from Set Feet from Set We Line	Check Applicable Boxes:	1
Gas Lesse: No. of Gas Wells 1		Effective Date of Transfer: 10/20/09
Gas Gathering System: Saltwater Disposal Well - Permit No.: Spot Location: 1980	✓ Gas Lease: No. of Gas Wells 1 **	1
Spot Location: 1990 feet from N S Line 1990 feet from E / W Line 1990 feet from E /		~ 1
Spot Location: 1980 feet from N / S Line 1980 feet from V N / S Line 1980 feet from V N / S Line 1980 feet from V N / S Line Legal Description of Lease: SE/4 of 14-20S-8W Legal Description Description Description Description of Lease: SE/4 of 14-20S-8W Legal Description Description Description Description Legal Description Description Legal Description	Saltwater Disposal Well - Permit No.:	₹
Legal Description of Lease: SE/4 of 14-20S-8W		
Enhanced Recovery Project Permit No: Entire Project: Yes No Number of Injection Wells Production Zone(s): Chase Group Injection Zone(s): Chase Group Injection Zone(s): Injection Zone(s		Legal Description of Lease: SE/4 of 14-20S-8W
Entire Project:		
Production Zone(s): Chase Group		Rice
Field Name: Lyons **Side Two Must Be Completed.* Surface Pit Permit No: (API No. if Drill Pit, WO or Haut) Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Past Operator's License No. 8917 / Contact Person: Po. Box 254 Genesso, KS 67444 Title: President New Operator's License No. 34163 / New Operator's Name & Address: Contact Person: Signature: Contact Person: Contact Person: Signature: Contact Person: Contact Person: Signature: Contact Person: New Operator's Name & Address: Contact Person: Signature: Contact Person: New Operator's Name & Address: Contact Person: Signature: Contact Person: Contact Person: Signature: Contact Person: Contact Person: Signature: Contact Person: Contact Person: Contact Person: Contact Person: Signature: Contact Person: Contact Person: Signature: Contact Person: Contact Person: Contact Person: Signature: Contact Person: Contact Per		
Surface Pit Permit No: (API No. if Drill Pit, WO or Haw) (API No. if Drill Pit, No. if Drill Pit, No. if Drill Pit, No.		Production Zone(s): Glase Gloup
API No. if Drill Pit, WO or Haul) feet from E / W Line of Section		Injection Zone(s):
API No. if Drill Pit, WO or Haul) feet from E / W Line of Section	Surface Dit Permit No	feet from N / S Line of Section
Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Past Operator's License No. 8917 / Contact Person: Dean Gustis Past Operator's Name & Address: J. D. Production Co. Phone: 620-562-7082 P. O. Box 254 Geneseo, KS 67444 Title: President Signature: Wolf Workover Drilling New Operator's License No. 34163 / Contact Person: Kent Strube New Operator's Name & Address: Gas Chasers, Inc. Phone: 620-786-4161 DCT 2 9 P. O. Box \$33 Claffin, KS 67525 Oil / Gas Purchaser: North American Salt Date: 10/20/09 KCC WIC Title: President Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		
Past Operator's License No. 8917 / Contact Person: Dean Gustis Past Operator's Name & Address: J. D. Production Co. Phone: 620-562-7082 P. O. Box 254 Geneseo, KS 67444 Titte: President New Operator's License No. 34163 / Contact Person: Kent Strube New Operator's Name & Address: Gas Chasers, Inc. Phone: 620-786-4161 Description of Joseph Contact Person: Kent Strube P. O. Box 533 Claffin, KS 67525 Oil / Gas Purchaser: North American Salt Date: 10/20/09 KCC WICE Title: President Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #	Type of Pit: Emergency Burn Settling	or
Past Operator's Name & Address; J. D. Production Co. Phone: 620-562-7082 Phone: 620-562-7082 Date: 10/20/09 Signature:		Contact Person: Dean Gustis
P. O. Box 254 Geneseo, KS 67444 Title: President New Operator's License No. 34163 / Contact Person: Kent Strube Contact Person: K		
New Operator's License No. 34163 / Contact Person: Kent Strube CICEIV New Operator's Name & Address: Gas Chasers, Inc. Phone: 620-786-4161 QCT 2 9 P.O. Box 533 Claffin, KS 67525 Oii / Gas Purchaser: North American Salt Date: 10/20/09 KCC WIC Title: President Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		
New Operator's License No. 34163 New Operator's License No. 34163 Contact Person: Kent Strube Contact Person: Kent Strube Contact Person: Kent Strube Contact Person: Kent Strube Phone: 620-786-4161 OCT 2 9 Phone: 620-786-4161 OCT 2 9 Phone: 620-786-4161 Date: 10/20/09 KCC WIC Title: President Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		Date: 10/20/09
New Operator's Name & Address: Gas Chasers, Inc. Phone: 620-786-4161 OCT 2 9 Phone: 620-786-4161 North American Salt N	Title: President	Signature: WEAW JMS MA
New Operator's Name & Address: Gas Chasers, Inc. Phone: 620-786-4161 OCT 2 9 Phone: 620-786-4161 North American Salt N	7	PT := IVED
New Operator's Name & Address: Gas Chasers, Inc. Phone: 620-786-4161 OCT 2 9 P. O. Box 533 Claflin, KS 67525 Oil / Gas Purchaser: North American Salt Date: 10/20/09 KCC WIC Title: President Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #	New Operator's License No. 34163 √	Contact Person: Kent Strube
P. O. Box 533 Claffin, KS 67525 Oil / Gas Purchaser: North American Salt Date: 10/20/09 KCC WIC Title: President Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		Phone: 620-786-4161 OCT 2 9 2009
Date:		Oil / Gas Purchaser: North American Salt
Title: President Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #		KCC WICHITA
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 Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.	Title: President	Signature:
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
is acknowleged as the	noted, approved and duly recorded in the records of the Kansas Corpor	ration Commission. This acknowledgment of transfer pertains to Kansas
new operator and may continue to inject fluids as authorized by Permit No.:	Corporation Commission records only and does not convey any ownership) interest in the above injection well(s) or pit permit.
Permit No.: . Recommended action: permitted by No.: . Date:	is acknowleged as the	is acknowleged as the
Permit No.: . Recommended action: permitted by No.: . Date:	new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pi
Authorized Signature DISTRICT EPR 12-3-09 PRODUCTION 12-3-09 Authorized Signature PRODUCTION 12-3-09		
Authorized Signature DISTRICT EPR 12-3-09 PRODUCTION 12-3-09 Authorized Signature PRODUCTION 12-3-09		
DISTRICT EPR 12-3-09 PRODUCTION 12/3/09 UIC 12-3-09		
	12-7-06	15/2/00 10 3 40
Mail to: Past Operator New Operator Uistrict	Mail to: Past Operator New Operator	District UIC 25

Side Two

Must Be Filed For All Wells

* Lease Name	e No.: 1006119513 Hollinger				. " c	-NW-SE Sec.14 - T20	S - R8W
* Lease Name):				Location:	02 000.14 - 1200	- 1011
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
1	15-159-20707 🗸	1980	Circle FSL	1980	Circle _ FEL	Gas	PROD
			_ FSL/FNL		_ FEL/FWL		
			FSL/FNL		_ FEL/FWL		
			_ FSL/FNL		_ FEL/FWL		
		TV S VV V V S PARAM RASS SIP V	FSL/FNL		_ FEL/FWL	A	
		-	_ FSL/FNL		FEL/FWL		
	-	*** **********************************	FSL/FNL		_ FEL/FWL		
			FSL/FNL		_ FEL/FWL		
5			FSL/FNL		_ FEL/FWL		
			_ FSL/FNL		_ FEL/FWL		-
			_ FSL/FNL		_ FEL/FWL		- 400.
	400000000000000000000000000000000000000	····	_ FSL/FNL		FEL/FWL		No. of the second
			FSL/FNL		_ FEL/FWL		
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			FSL/FNL		_ FEL/FWL		
			FSL/FNL		_ FEL/FWL		PECEIVED
			_ FSL/FNL		_ FEL/FWL		OCT 2 9 2009
4.04.1.04.7.04			FSL/FNL		_ FEL/FWL		KCC WICHITA
			FSL/FNL		_ FEL/FWL		
					_ FEL/FWL		
					FEL/FWI		

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.