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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE POND PERMIT

Form T-1

June 2000

Form must be Typed

Form must be Signed

All blanks must be Filled

Check Applicable Boxes:

☒ Oil Lease: No. of Wells _____ **☐ Gas Lease: No. of Wells _____ **

** Side Two Must Be Completed.

☒ Saltwater Disposal Well - Docket No. E 13,747Spot Location: 4620 feet from N/S Line4950 feet from E/W Line☐ Enhanced Recovery Project Docket No. _____Entire Project: ☒ Yes ☐ No

Number of Injection Wells _____ **

Field Name: GoesselEffective Date of Transfer: 2-1-2003Lease Name: Goessel Hill Water Flood UnitSec. 1 Twp. 24 R. 1 ☐ E ☒ W

Legal Description of Lease:

Sec. 1-21S-1W & NE/4 NW/4 of Sec. 12-21S

1E, Marion County & E/2 NW/4 & NW/4

SE/4 of Sec. 6-21S-1E McPherson County

County: McPherson & MarionProduction Zone(s): Hunton

Injection Zone(s): _____

Surface Pond Permit # _____

(API # if Drill Pit)

_____ feet from N / S Line of Section

_____ feet from E / W Line of Section

Identify:

☐ Emergency Pit☐ Burn Pit☐ Storage Pit☐ Drill Pit ORPast Operator's License No. 31786Past Operator's Name & Address: OFCIW Oil Co., Inc.
P O Box 1325, Hutchinson, KS 67504

Title: _____

Contact Person: Rob HowellPhone: 620-543-2827Date: 2-18-03Signature: Rob Howell, PresNew Operator's License No. 5920/New Operator's Name & Address: Te-Pe Oil & GasP O Box 522Canton, KS 67528

Title: _____

Contact Person: Terry P. BandyPhone: 620-628-4428

Oil / Gas Purchaser: _____

Date: _____

Signature: Terry P. Bandy

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pond 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 pond permit.

_____ is acknowledged as the
new operator and may continue to inject fluids as authorized by

Docket # _____ Recommended action: _____

Date: _____

Authorized Signature

_____ is acknowledged as the
new operator of the above named lease containing the surface pond

permitted by # _____

Date: _____

Authorized Signature

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

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AUG 20 2010

KCC WICHITA

FP&R

8-2310

PROD

8/23/10

AUG 23 2010

020103 Goessel Hill WFTU INT.pdf

Must Be Filed For All Wells

* Lease Name: _____ * Location: 1-21-1W

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)
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[illegible]

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 # 5920
Name: Te-Pe Oil & Gas
Address 1: P.O. Box 522
Address 2: _____
City: Canton State: Ks Zip: 67428 + 0522
Contact Person: Terry P Bandy
Phone: (620) 628-4428 Fax: (620) 628-4429
Email Address: tpbandy@sbcglobal.net

Well Location:
_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
County: Marion & McPherson
Lease Name: GHFWU Well #: 6
(Goesse Hill Waterflood Unit)
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Section 1-21S-1W and NE4 NW4 of Section
12-21S-1E Marion County
E2 NW4 and NW4 SE4 Sec 6-21S-1E McPherson

Surface Owner Information:

Name: Mennonite Board of Missions & Charites
Address 1: of Kansas Inc DBA Showalter Villa
Address 2: P.O. Box 5000
City: Hesston State: KS Zip: 67062 + 2095

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 (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 hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 8-23-10 Signature of Operator or Agent: [Signature] Title: Owner