### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

uic\_10-19-10

# 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, Check Applicable Boxes: MUST be submitted with this form. Oil Lease: No. of Oil Wells Effective Date of Transfer: 04/01/10 Gas Lease: No. of Gas Wells \_\_\_\_\_ KS Dept of Revenue Lease No.: 1/458/VIA Gas Gathering System:\_\_\_ Saltwater Disposal Well - Permit No.: \_\_\_\_ Spot Location: \_\_\_\_\_\_ feet from N / S Line Legal Description of Lease: 5/2 NE/4 \_\_ feet from F / W Line Enhanced Recovery Project Permit No.: \_ Entire Project: Yes No FRANKLIN Number of Injection Wells \_ Production Zone(s): SQUIRREL SAND STONE Field Name: PAOLA -RANTOUL 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 60841 Past Operator's License No. DOUGLAS MCMULLIN Past Operator's Name & Address: DOUGLAS McMULLIN 785-883-4343 RECEIVED 4397 K68, WELLSVILLE, KS 60092 Title: <u>OWNER</u> New Operator's License No. 34355V Contact Person: \_ ANN R. RURNS New Operator's Name & Address: ALPHA ENERGY, LLC 913-649-1312 9650 CHADWICK, OVERLAND PARK, Oil / Gas Purchaser: PACER ENERGY MARKETING, LLC KS 66206 Title: MANAGER 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 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 the new operator of the above named lease containing the surface pit . Recommended action: permitted by No.: \_\_\_\_ Date: Authorized Signature Authorized Signature DISTRICT \_\_\_

New Operator

Mail to: Past Operator \_\_\_

## **SCANNED**

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 114581			V 1-1/4 C	of The Pair
* Lease Name:	COX		* Location: <u>S</u>	2 NE 14 SE	C6 T-175 R-21E
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro	Section Line m South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
01	15-059-217591	2790 (FSL) FNL	Circle FEDFWL	014	PROD
02	15-059-21760			0/6	PROD
03	15-059-21761			016	_PROD_
04	15-059-21762			016	PROD
05	15-059-21763	—		014	PROD
06	15-059-21764			014	PROB
09	15-059-21985			016	PROD
10	15-059-22166			016	PROD
//	15-059-22/67			016	PROD
13	15-059-22/68		_	010	PROD
13	15-059-22/69			OIL	PROD
14	15-059-22/70			016	PROD
15	15-059-22/7/			OIL	PROD
	15-059-22/72			016	PROB
17	15-059-22/73			0/6	PROD
		FSL/FNL	FEL/FWL		χ
		FSL/FNL	FEL/FWL		
		_			
			FEL/FWL		
<u> </u>					
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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

Form KSONA-1 July 2010 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 (C	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 34355  Name: ALPHA ENERGY LLC  Address 1: 9650 CHADWICK  Address 2:	Well Location:
City: <u>OVERLAND PARK</u> state: <u>KS</u> zip: <u>66206</u> Contact Person: <u>ANN R. BURNS</u> Phone: (913) <u>649-1312</u> Fax: ()  Email Address:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Littor Address.	5/2 NE/4 SEC6 T-175 R-210
Surface Owner Information:  Name: THURSTON & MARG COX  Address 1: 3036 UTAH RD  Address 2:  City: KANTOUC State: KS Zip: 66079	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.
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
1 certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, ar	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this
☐ I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling.	cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-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: 10-7-2010 Signature of Operator or Agent: 1000	Monager Title: Manager
ì	DECENT

KECFIVED OCT 1 2 2010