SCANNED

Mail to: Past Operator _

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 March 2010 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 ____1 Effective Date of Transfer: June 30, 2009 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 121439 Gas Gathering System: Lease Name: Woydziak Saltwater Disposal Well - Permit No.: Spot Location: W2SESW _ feet from N / N S Line Legal Description of Lease: SW/4, Sec 29,Twp16S, R13W feet from E / W Line Barton Co., Kansas containing 160 acres more or less Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: Barton Number of Injection Wells _ Production Zone(s): unknown Field Name: Trapp Injection Zone(s):_ ** Side Two Must Be Completed: Notelosed ___ feet from N / S Line of Section feet from FE / W Line of Section Type of Pit: Burn Settling Workover Past Operator's License No. Tina Watson Contact Person: Past Operator's Name & Address: Tina A Watson Phone: 405-631-6300 6300 S Western Oklahoma City, OK 73139 Title: owner /operator Contact Person: __Tina Ryan New Operator's License No. New Operator's Name & Address: Deshal Energy LLC Phone: 4057938701 6300 S Western Oil / Gas Purchaser; NCRA Oklahoma City, OK 73139 Title: Manacu 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. Deshal Energy LLC is acknowledged as ____ 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 permitted by No.: P10572 _____ . Recommended action: _

Side Two

Must Be Filed For All Wells

Lease Name:	Woydziak		* Location:	sec.29,twp.16S,r13W,	
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	15-009-234040000 ✓	330 Circle FSL/FNL	2235 Circle FEL/FWL	OIL	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	• •				
					
		FSL/FNL	FEL/FWL		
					
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL	·	NOV 0 8 2010
		FSL/FNL	FEL/FWL	,	KCC-MOUNT
······································		FSL/FNL	FEL/FWL		CC WICHITA
·					
		FSL/FNL	FEL/FWL		_

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.

OPERATOR: License # 33403	Mall Landing		
Name: Deshal Energy LLC	Well Location:		
Name: Deshal Energy LLC Address 1: 6300 S Western			
Address 2:	Lease Name: Woydziak		
City: Oklahoma City State: OK Zip: 73139 +			
Contact Person: Tina Ryan Phone: (405) 6316300 Fax: (405) 6326569	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
hone: (405) 6316300 Fax: (405) 6326569	-		
mail Address:	KSONA FEE		
	PAID		
urface Owner Information:			
lame: Mary C. Woydziak	With Street Street		
ddress 1: 505 N Maple St	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		
ddress 1: 505 N Maple 5+ ddress 2: ity: Hoisington State: KS zip:67544 + 2149	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.		
ity: Hoisington State KS Zinh7544 2149	The state of the country treating of the country treasurer.		
f this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath the KCC with a plat showing the predicted locations of lease roads, ta	hodic Protection Borehole Intent), you must supply the surface owners and		
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Mail to: KCC - Conservation Division. 130 S. Market - Room 2078. Wid KG Call CHITA

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