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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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KCC WICHITA

Form T-1

April 2004

Form must be Typed

Form must be Signed

All blanks must be Filled

KCC WICHITA

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

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 3 \*\*
- ☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*
- ☐ Gas Gathering System: \_\_\_\_\_
- ☒ Saltwater Disposal Well - Permit No.: D-15254
- Spot Location: 4256 feet from ☐ N / ☒ S Line
- 3226 feet from ☒ E / ☐ W Line
- ☒ Enhanced Recovery Project Permit No.: E-19240
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Augusta South

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: 2-1-10

KS Dept of Revenue Lease No.: 101590

Lease Name: Ambler

\_\_\_\_\_ NW Sec. 2 Twp. 28 R. 4 ☒ E ☐ W

Legal Description of Lease: NW/4

County: Butler

Production Zone(s): Kansas City

Injection Zone(s): Arbuckle

Surface Pit Permit No.: P-00169

(API No. if Drill Pit, WO or Haul)

3630 feet from ☐ N / ☒ S Line of Section

3630 feet from ☒ E / ☐ W Line of Section

Type of Pit: ☒ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling

Past Operator's License No. 4419

Past Operator's Name & Address: Bear Petroleum, Inc.

P.O. Box 438, Haysville, KS 67060

Title: President

Contact Person: Dick Schremmer

Phone: 316-524-1225

Date: 3/16/10

Signature: [Signature]

New Operator's License No. 5446

New Operator's Name & Address: Benjamin M. Giles

532 S. Market St.

Wichita, KS 67202

Title: \_\_\_\_\_

Contact Person: Benjamin M. Giles

Phone: 316-265-1992

Oil / Gas Purchaser: Madanley

Date: 3-16-10

Signature: Benjamin M. Giles

**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pit permit # P-00169 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.

Benjamin M. Giles is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-15254. Recommended action: \_\_\_\_\_

Date: 12-6-10 Cheryl L. Beyer  
Authorized Signature

Benjamin M. Giles is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: P-00169.

Date: 12/7/10 Olivia E. Leigman  
Authorized Signature cc: Kathy

DISTRICT \_\_\_\_\_ EPR 12/3/10 PRODUCTION 12-6-10 UIC 12-6-10  
Mail to: Past Operator 12-6-10 New Operator 12-6-10 District (2) 12-6-10

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

020110\_Ambler\_IMJ.pdf

***Must Be Filed For All Wells***

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KDOR Lease No.: 101590

\* Lease Name: Ambler

\* Location: NW/4 Sec 2-28-4E

[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.

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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2010

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Form must be Signed

All blanks must be Filled

KCC WICHITA  
CERTIFICATION OF COMPLIANCE WITH  
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 # 4419  
Name: Bear Petroleum, Inc.  
Address 1: P.O. Box 438  
Address 2: \_\_\_\_\_  
City: Haysville State: KS Zip: 67060 + \_\_\_\_\_  
Contact Person: Dick Schremmer  
Phone: ( 316 ) 524-1225 Fax: ( 316 ) 524-1027  
Email Address: \_\_\_\_\_

Well Location:

\_\_\_\_\_ Sec. 2 Twp. 28 S. R. 4 ☒ East ☐ West

County: ButlerLease Name: Ambler

Well #: \_\_\_\_\_

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

NW/4

## Surface Owner Information:

Name: Multiple owners - See attached sheet  
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 (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: 8/6/10

Signature of Operator or Agent: \_\_\_\_\_

Title: President

Elbert & Donna Chappell  
6721 SW 120th St.  
Augusta, KS 67010

William Martin  
12976 SW Ohio St. Rd.  
Augusta, KS 67010

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