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KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

AUG 02 2010

KCC WICHITA

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

## Check Applicable Boxes:

☒ Oil Lease: No. of Oil Wells 7 \*\*☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*☐ Gas Gathering System: \_\_\_\_\_☐ Saltwater Disposal Well - Permit No.: \_\_\_\_\_Spot Location: \_\_\_\_\_ feet from ☐ N / ☐ S Line\_\_\_\_\_ feet from ☐ E / ☐ W Line☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_Entire Project: ☐ Yes ☐ No

Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Augusta

\*\* Side Two Must Be Completed.

Effective Date of Transfer: 2-1-10KS Dept of Revenue Lease No.: 101586Lease Name: Lee-Prier\_\_\_\_\_ NE Sec. 2 Twp. 28 R. 4 ☒ E ☐ WLegal Description of Lease: NE1/4County: ButlerProduction Zone(s): KC-Simpson

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: \_\_\_\_\_

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

\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section\_\_\_\_\_ feet from ☐ E / ☐ W Line of SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling☐ Haul-Off☐ Workover☐ DrillingPast Operator's License No. 4419 /Past Operator's Name & Address: Bear Petroleum, Inc.P.O. Box 438, Haysville, KS 67060Title: PresidentContact Person: Dick SchremmerPhone: 316-524-1225Date: 3/16/10Signature: [Signature]New Operator's License No. 5446New Operator's Name & Address: Benjamin M. Giles532 S. Market St.Wichita, KS 67202

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

Contact Person: Benjamin M. GilesPhone: 316-265-1992Oil / Gas Purchaser: MacLesterDate: 3-16-10Signature: Benjamin M. Giles

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

\_\_\_\_\_ is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: \_\_\_\_\_. Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

\_\_\_\_\_ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

DISTRICT \_\_\_\_\_

EPR 12/3/10PRODUCTION 12-6-10UIC 12-6-10

Mail to: Past Operator \_\_\_\_\_

New Operator \_\_\_\_\_

District \_\_\_\_\_

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

020110\_Lee\_Prier.pdf

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KDOR Lease No.: 101586

\* Lease Name: Lee-Prier

\* Location: NE/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.

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

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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 # 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: Butler

Lease Name: Lee-Prier Well #: \_\_\_\_\_

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

NE/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

Charles W. Buggeln, Jr.  
& E Diane Buggeln  
12215 SW Shumway Rd.  
Augusta, KS 67010

Tammie S. Gilpin  
6129 SW 120th St.  
Augusta, KS 67010

Joshua A. & Jennifer L. Malcom  
6347 SW 120th  
Augusta, KS 67010

Monte A. Crozier  
Donna M. Sheen-Crozier  
6499 SW 120 St.  
Augusta, KS 67010

Virgil R. & Kathy McClure  
12435 SW Shumway Rd  
Augusta, KS 67010

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