

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

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 2 \*\*  
☐ 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: \_\_\_\_\_

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

Effective Date of Transfer: July 1, 2010

KS Dept of Revenue Lease No.: 138571 *KJR*

Lease Name: OLIVERIUS

Sec. 25 Twp. 18 R. 18 ☐ E ☒ W

Legal Description of Lease: NE-NE-SE 25-18S-18W

SW-SE-SE 25-18S-18W

County: RUSH

Production Zone(s): Conglomerate

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 Section

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

Past Operator's License No. 30420 *Exp 6/30/10*

Past Operator's Name & Address: VJI Natural Resources, Inc.

30-38 48th Street Astoria, NY 11103

Title: Vice President/Owner

Contact Person: Vincent Innone

Phone: 718-274-3134

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

Signature: \_\_\_\_\_

*Documents On File* **KCC WICHITA**

New Operator's License No. 34402 /

New Operator's Name & Address: VJI Natural Resources, Inc.

30-38 48th Street Astoria, NY 11103

Title: Secretary/Treasurer/Owner

Contact Person: Donna M. Garal or Jason Dingers

Phone: 718-274-3134 or 785-623-8060

Oil / Gas Purchaser: \_\_\_\_\_

Date: 9-13-10

Signature: *Donna M. Garal*

**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 12/10/10 PRODUCTION 12-14-10 UIC 12-13-10

Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

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

070110\_Oliverius.pdf

KDOR Lease No.: 138571

\* Location: **RUSH CENTER SOUTHEAST**

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\* 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  
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*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 # 34402  
Name: VJI Natural Resources, Inc.  
Address 1: 30 38 48th Street  
Address 2: \_\_\_\_\_  
City: Astoria State: NY Zip: 11103 + \_\_\_\_\_  
Contact Person: Donna M Garal or Jason Dinges  
Phone: ( 718 ) 274-3134 Fax: ( 785 ) 623-8060  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West  
County: Rush  
Lease Name: Oliverius Well #: See Attached

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

**Surface Owner Information:**

Name: Roger J. Oliverius  
Address 1: RR. 1 Box 16H  
Address 2: \_\_\_\_\_  
City: Rush Center State: KS Zip: 67575 + \_\_\_\_\_

*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: 9-13-10 Signature of Operator or Agent: Donna M Garal Title: Owner/Operator

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LEASE NAME	WELL NO.	Lease #	COUNTY	SECTION-TOWNSHIP RANGE	API #	FOOTAGE FROM SECTION LINE	FOOTAGE FROM SECTION LINE	TYPE OF WELL	WELL STATUS	FORMATION	Owner	Address	
Oliverius	1	138571	Rush County	NE-NE-SE 25-18S-18W	15-165-21811-00	2080 feet from SE corner	600 feet from East	Oil	Producing	conglomerate	Roger J. Oliverius	RR. 1 Box 16H	Rush Center, KS 67575
Oliverius	2	138571	Rush County	SW-SE-SE 25-18S-18W	15-165-21814	345 feet from SE corner	710 feet from East	Oil	Producing	conglomerate			

VJI Natural Resources, Inc  
 30-38 48th Stree  
 Astoria, NY 11103  
 Operator Number 34402

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