

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 \_\_\_\_\_ \*\*
- Gas Lease: No. of Gas Wells 4 \*\*
- Gas Gathering System: \_\_\_\_\_
- Saltwater Disposal Well - Permit No.: D27778
- Spot Location: 2475 feet from  N /  S Line
- 165 feet from  E /  W Line
- Enhanced Recovery Project Permit No.: \_\_\_\_\_
- Entire Project:  Yes  No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: THAYER

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

Effective Date of Transfer: 7/15/2010

KS Dept of Revenue Lease No.: 223023 *VJR*

Lease Name: MITCHELL A NORTH

\_\_\_\_\_ s2 Sec. 12 Twp. 30 R. 17  E  W

Legal Description of Lease: s/2 sec12, T30S R17E

County: Neosho

Production Zone(s): Summit Shale, Excello Shale

Injection Zone(s): Mississippian

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 *OK*

Past Operator's License No. 33583/

Contact Person: Steven Tedesco

Past Operator's Name & Address: Admiral Bay (USA) Inc.  
7060 B. South Tucson Way, Centennial, CO 80112

Phone: 303-350-1255

Title: President & CEO

Date: 7/26/10

Signature: *[Signature]*

New Operator's License No. 34420/

Contact Person: Brent Natrass

New Operator's Name & Address: Exodus Gas & Oil, LLC  
1701 Walnut, 4th Floor  
Kansas City, MO 64108

Phone: 816-222-7500

Oil / Gas Purchaser: Seminole Energy Services

Date: 7/23/10

Signature: *[Signature]*

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**AUG 30 2010**

**KCC WICHITA**

**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.

Exodus Gas & Oil, LLC is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: D27778 . Recommended action: \_\_\_\_\_  
Violation MIT 2010 + U3C 2009  
Date: 11-24-10 *[Signature]*  
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 <u>11/23/10</u>	PRODUCTION <u>11-29-10</u>	UIC <u>11-24-10</u>
Mail to: Past Operator <u>11-24-10</u>	New Operator <u>11-24-10</u>	District <u>3</u>	<u>11-24-10</u>

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

071510\_Mitchell\_IMJ.pdf



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 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 34420  
Name: Exodus Gas & Oil, LLC  
Address 1: 1701 Walnut, 4th Floor  
Address 2: \_\_\_\_\_  
City: Kansas City State: MO Zip: 64108 + \_\_\_\_\_  
Contact Person: Brent Natrass  
Phone: ( 816 ) 222-7500 Fax: ( 816 ) 222-7501  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_\_ - s2 Sec. 12 Twp. 30 S. R. 17  East  West  
County: Neosho  
Lease Name: Mitchell A North Well #: \_\_\_\_\_

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*  
south half of section 12, T30S R17E

**Surface Owner Information:**

Name: John, Rosemary and Michael Mitchell, Union Central Life  
Address 1: see attached list  
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: 7/23/10 Signature of Operator or Agent: MS Natrass Title: VP Operations

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AUG 30 2010

John T. Mitchell  
5481 Yale Road  
Thayer, KS 66776

Michael S. Mitchell, Trustee  
P.O. Box 753  
Chanute, KS 66720

Union Central Life Insurance c/o Treasury Oil  
P.O. Box 40888  
Cincinnati, OH 45240

**RECEIVED**

**AUG 30 2010**

**KCC WICHITA**