

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 5 **
☐ 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: 8/24/10

KS Dept of Revenue Lease No.: 124142 ☒ KPR

Lease Name: Allen Hauser

SW - W 1/2 - SW 1/4 - Sec. 18 Twp. 26s R. 19 ☒ E ☐ W

Legal Description of Lease: W/2 SW

Les house plot : 60 acres

County: Allen

Production Zone(s): Bartholville

Injection Zone(s): Bartholville DSL

Surface Pit Permit No.: _____

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

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

Past Operator's License No. 34035 Exp. 11/30/09

Past Operator's Name & Address: Great American Energy Corp

520 W Irvin Ave Hagerstown, MD 21742

Title: President

Contact Person: Percy Glynn

Phone: 240 329 8237

Date: _____

Signature: _____

New Operator's License No. 34443

New Operator's Name & Address: Blue Top Energy LLC

P. O. Box 31

Girard, KS 66743

Title: Managing Member

Contact Person: Dennis Lisack

Phone: 620.724.7040 or 502.639.2047

Oil Gas Purchaser: Coffeyville Resources

Date: 09.01.10

Signature: Dennis Lisack

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 11/30/10 PRODUCTION 11-30-10 UIC 11-30-10

Mail to: Past Operator _____ New Operator _____ District _____

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

062410_Alan_Hauser.pdf

* Location: SW / W 1/2, SW 1/4 S18, T 26S, R 19E

KCC WICHITA

* 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
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**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2010
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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 # 34443
Name: Blue Top Energy LLC
Address 1: P. O. Box 31
Address 2: _____
City: Girard State: KS Zip: 66743 + _____
Contact Person: Dennis Lisack
Phone: (502) 639-2047 Fax: (502) 636-2342
Email Address: _____

Well Location:
SW W/2 SW/4 Sec. 18 Twp. 26 S. R. 19 ☒ East ☐ West
County: Allen
Lease Name: Alan Hauser Well #: _____
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
W/2 of SW/4 of Section 18 less tract

Surface Owner Information:

Name: Alan Hauser
Address 1: 352 2000 St
Address 2: _____
City: Humboldt State: KS Zip: 66748 + 2296

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: 09.01.10 Signature of Operator or Agent: Dennis Lisack Title: Managing Member

RECEIVED

SEP 07 2010

KCC WICHIT

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OPERATOR: License # 34443
Name: Blue Top Energy LLC
Address 1: P. O. Box 31
Address 2: _____
City: Girard State: KS Zip: 66743 + _____
Contact Person: Dennis Lisack
Phone: (502) 639-2047 Fax: (502) 636-2342
Email Address: _____

Well Location:
SW W/2 sw/4 Sec. 18 Twp. 26 S. R. 19 ☒ East ☐ West
County: Allen
Lease Name: Alan Hauser Well #: _____

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

W/2 of SW/4 of Section 18 less tract

Surface Owner Information:

Name: Ann E Hauser
Address 1: 9685 Outlook Dr
Address 2: _____
City: Overland Park State: KS Zip: 66207 + _____

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 09.01.10 Signature of Operator or Agent: Dennis Lisack Title: Managing Member

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Name: Blue Top Energy LLC
Address 1: P. O. Box 31
Address 2: _____
City: Girard State: KS Zip: 66743 + _____
Contact Person: Dennis Lisack
Phone: (502) 639-2047 Fax: (502) 636-2342
Email Address: _____

Well Location:
SW W/2 sw/4 Sec. 18 Twp. 26 S. R. 19 ☒ East ☐ West
County: Allen
Lease Name: Alan Hauser Well #: _____

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

W/2 of SW/4 of Section 18 less tract

Surface Owner Information:

Name: David J Hauser
Address 1: 1771 Delaware Road
Address 2: _____
City: Humboldt State: KS Zip: 66748 + _____

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Date: 09.01.10

Signature of Operator or Agent: _____

Title: Managing Member

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Address 2: _____
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Contact Person: Dennis Lisack
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Email Address: _____

Well Location:
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County: Allen
Lease Name: Alan Hauser Well #: _____

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

W/2 of SW/4 of Section 18 less tract

Surface Owner Information:

Name: Donald E Hauser
Address 1: 526 1800 St
Address 2: _____
City: Humboldt State: KS Zip: 66748 + _____

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