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

082410_Edith_Larson_INJ.pdf

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,

| Check Applicable Boxes: MUST be submitted | ted with this form. | | |
|--|--|--|--|
| Oil Lease: No. of Oil Wells** | Effective Date of Transfer: 8/24/10 | | |
| Gas Lease: No. of Gas Wells*** | KS Dept of Revenue Lease No.: 1/54/3 | | |
| Gas Gathering System: | Lease Name: Edith Larson | | |
| Saltwater Disposal Well - Permit No.: | | | |
| Spot Location: feet from N / S Line | <u>se4 se_Sec13_Twp26R18</u> EW | | |
| feet from E / W Line | Legal Description of Lease: SE4-SE4 | | |
| Enhanced Recovery Project Permit No.: E2 4020 | | | |
| Entire Project: Yes No | County: Allen | | |
| Number of Injection Wells 78 ** | Production Zone(s):_ Bartlesville | | |
| Field Name: Humboldt | Injection Zone(s): Bartlesville | | |
| ** Side Two Must Be Completed. | injection 2016(3) | | |
| Surface Pit Permit No.: | feet from N / S Line of Section | | |
| (API No. if Drill Pit, WO or Haul) | | | |
| **** | feet from LE / W Line of Section Haul-Off Workover Drilling O | | |
| Type of Pit: Emergency Bum Settling | | | |
| Past Operator's License No. 35034 34035 Exp 11/30/09 | Contact Person: Percy Glynn RECEIVED | | |
| Past Operator's Name & Address: Great American Energy Corp | Phone: 240 329 8237 SEP 0 7 2010 | | |
| 520 W Irvin Ave Hagerstown MD 21742 | Date: | | |
| Title: President | KCC WICHIT | | |
| Title: | Signature: | | |
| New Operator's License No. 344431 | Contact Person: Dennis Lisuk | | |
| New Operator's Name & Address: Blue Top Energy LLC | Phone: 620, 724, 7040 or 502, 639, 2047 | | |
| P.O. Bex 31 | Oil Gas Purchaser: Coffeyville Resources | | |
| Civard KS 66743 | Date: 09.01.10 | | |
| Givard, KS 66743 Title: Managin Member | Signature: De Shiguil | | |
| The State of the S | Ogradue. | | |
| Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # | | | |
| 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 a | above injection well(s) or pit permit. | | |
| Blue Top Energy, LLC is acknowledged as | is acknowledged as | | |
| the new operator and may continue to inject fluids as authorized by | the new operator of the above named lease containing the surface pit | | |
| Permit No.: E-21,020 . Recommended action: | permitted by No.: | | |
| Violation USC 2009 | | | |
| Date: 11-24-10 Cherry Scull Authorited Signature, | Date: | | |
| 1/1/2= \$4 | PRODUCTION 11-29-10 UIC 11-24-10 | | |
| Mail to: Past Operator 11-24-10 New Operator 11-24-10 Distric(3) 11-24-10 | | | |

| *Lease Name: Edith Larson | | * Location: SE4 Sec. 13-Twp.26-Rge.16E | | | |
|---|------------------------------|---|---------------------------------|--------------------------------------|--|
| Well No. | API No. (YR DRLDIPRE 187) | Footage from Section Line (i.e., FSt., = Feat from South Line) | Type of Will (CRIGODANIUWSW) | Well Status (PROD/TATO/Abandoned) | |
| | 15-001-24,603 / | 1155 COM 1155 COM | oil | Producer | |
| 2 | 15-001-24,604 | 1155 PM 835 PM | <u>Inj</u> | injector | |
| 3 | 15-001-24,605-9 | 825 @PM 1155 @PM | | Injector | |
| 4 | 15-001-24,606 J | 825 SHE 825 FEIGH | ON . | Producer | |
| 5 | 15-001-24,722 | 1155 REPRE 495 FEEFE | a Oil | Producer | |
| 6 | 15-001-24,7230001 | 1155 Parme 165 Parm | a <u>Inj</u> | Injector | |
| 7 | 15-001-24,724000 | | WJ NJ | Producer. | |
| 8 | 15-001-24,725 | 825 @ PM 165 @ PM | w. Oil | Producer | |
| 9 | 15-001-24,762 | 495 PM 1155 PM | v. Oil | Producer | |
| 10 | 15-001-24,763-00-0 | _ | ne <u>Inj</u> | Injector | |
| 11 | 15-001-24,764000 | • | Bank . | Injector | |
| 12 | 15-001-24,765 / | 165 0 925 0 | M. Oil | Producer | |
| 13 | 15-001-24,766 🗸 | 495 PRIPM 495 PRIPM | M OH | Producer | |
| 14 | 15-001-24,872-000 | | - 64°J | Producer | |
| 15 | 15-001-24,873 00-0 | | Ini | AI Injector | |
| 16 | 15-001-24,874 | 165 SUPIL 165 (ED) | ~ * | Producer | |
| | | FBLFNLFBLFN | | | |
| 1 13 13 12 - 12 - 13 - 13 - 14 | | FSUANRE/F | WE | | |
| | | FSL/RNLFELF | w | - | |
| | | PSL/PNLFEL/F | w | - | |
| | | FELFNL FELF | W. | | |
| | • | FBL/FNLFEL/F | | | |
| | | FSLFNLFELF | wi | | |

RECEIVED

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 (CB-1) | Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application) | | | |
|--|---|--|--|--|
| OPERATOR: License # 34443 | Well Location: | | | |
| Name: Blue Top Energy LLC | | | | |
| Address 1: P. O. Box 31 | County: Allen | | | |
| Address 2: | Lease Name: Edith Larsen Well #: | | | |
| City: Girard State: KS Zip: 66743 + | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: | | | |
| | | | | |
| Contact Person: Dennis Lisack Phone: (502) 639-2047 Fax: (502) 636-2342 | SE/4SE | | | |
| Email Address: | | | | |
| Surface Owner Information: Name: The Monarch Cement Company Address 1: P.O. Box 1000 Address 2: | | | | |
| 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: | | | | |
| | ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ceing filed is a Form C-1 or Form CB-1, the plat(s) required by this | | | |
| | cknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this 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: | Title: Managing Member | | | |
| Signalia of operator of rigorial | RECEIVED | | | |

SEP 07 2010