

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 T-1-1, 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: Yates Center

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

Effective Date of Transfer: August 24, 2005

KS Dept of Revenue Lease No.: 111630 1990

Lease Name: Ropp

NE4 Sec. 27 Twp. 25 R. 15 ☒ E ☐ W

Legal Description of Lease: NE4 Sec. 27 Twp. 25 Rge. 15E

County: Coffey

Production Zone(s): Squirrel

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. 31304 Exp. 9/30/10

Past Operator's Name & Address: SES Oil
Steve Slater

1427-100th Rd Yates Center KS
66783-6104

Title: OWNER

Contact Person: Steve Slater

Phone: 620 433 1887

Date: 1-2-11 **RECEIVED**

Signature: Steve Slater **JAN 05 2011**

New Operator's License No. 8210 ☒

New Operator's Name & Address: Edward E. Birk

302 South 16th Street

Burlington, Kansas 66839

Title: Operator

Contact Person: Edward E. Birk **KCC WICHITA**

Phone: 620-364-1311

Oil / Gas Purchaser: Coffeyville, Resources **RECEIVED**

Date: December 10, 2010 **JAN 19 2011**

Signature: Edward E. Birk **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.

_____ 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 1-26-11 PRODUCTION 1-31-11 UIC 1-31-11
Mail to: Past Operator _____ New Operator _____ District _____

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

082405_Ropp.pdf

Must Be Filled For All Wells

KDOR Lease No.: 111630

* Location: 27-25-15E, Woodson Co.

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JAN 19 2011
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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
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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 # 8210
Name: Edward E. Birk
Address 1: 302 So. 16th St.
Address 2: _____
City: Burlington State: Ks Zip: 66839 + _____
Contact Person: Edward E Birk
Phone: (620) 364-1311 Fax: (620) 364-1311
Email Address: _____

Well Location:
_____ NE Sec. 27 Twp. 25 S. R. 15 ☒ East ☐ West
County: Woodson
Lease Name: Ropp Well #: _____
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
NE4 of 27-25-15E

Surface Owner Information:

Name: Michael A Wharry
Address 1: 1208 Jay Rd
Address 2: _____
City: Yates Center State: Ks Zip: 66783 + _____

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: Jan 17, 2011 Signature of Operator or Agent: Linda H. Birk Title: Agent

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JAN 19 2011

KCC WICHITA

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OPERATOR: License # 8210
Name: Edward E. Birk
Address 1: 302 So. 16th St.
Address 2: _____
City: Burlington State: Ks Zip: 66839 + _____
Contact Person: Edward E Birk
Phone: (620) 364-1311 Fax: (620) 364-1311
Email Address: _____

Well Location: NE 1/4
_____ Sec. 27 Twp. 25 S. R. 15 ☒ East ☐ West
County: Woodson
Lease Name: Ropp Well #: _____

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Surface Owner Information:

Name: Michael A Wharry
Address 1: 1208 Jay Rd
Address 2: _____
City: Yates Center State: Ks Zip: 66783 + _____

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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: 12/10/2010 Signature of Operator or Agent: Linda K Birk Title: agent

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DEC 13 2010

KCC WICHITA