# 100110 rail Wo.pdf

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

### REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Carellication of Compliance with the Kanese Surface Owner Notification Act,

| Check Applicable Boxes:                                               | MUST be submitted with this form.                                |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| Oil Lease: No. of Oil Wells**                                         | Effective Date of Transfer: 10-01-2010                           |
| Ges Lesse: No. of Ges Wolfs 1                                         | KS Dept of Revenue Lease No.: 230001                             |
| Gas Gathering System:                                                 | Lesse Name: Fall, WO                                             |
| Softwater Disposal Well - Permit No.:                                 | N2 NW 20 20 17F                                                  |
| Spot Lecation:feet from N /                                           | JS Line Land Condition (1)                                       |
| nest from E /                                                         | W Line Legal Description of Lesse:                               |
| Enhanced Receivery Project Permit No.:  Entire Project:               |                                                                  |
| Number of Injection Wells                                             | County: Wilson                                                   |
| CHEROMET SASIN COAL AREA                                              | Production Zone(s): Cherokee Coels                               |
| ** Side Two Must Be Completed.                                        | Injection Zone(s):                                               |
| Surface Pit Permit No.: 1520527316  (API No. If Dell Pit, WO or Houl) | feet from E / W Line of Section                                  |
| Type of Pit: Emergency Burn S                                         | etting Haul-Off Workever Dritting OR                             |
| Pael Operator's License No. 33344 Exp. 12/3                           | Contect Person: RICHARD MARLIN KANSAS CRECEIVED                  |
| Past Operator's Name & Address: QUEST CHEROKEE LI                     | LC Phone: 406-702-7480                                           |
| 210 PARK AVE, STE 2750, OKLAHOMA CITY, OK 7310                        | DEA                                                              |
| Title: VP OF ENGINEERING                                              | Signature: Riefand Marlin CONSERVATION LIVISION WICHITA, KS      |
| New Operator's License No. 33343 ✓                                    | Contact Person: RICHARD MARLIN                                   |
| New Operator's Name & Address:                                        | Phone: 405-702-7480                                              |
| POSTROCK MIDCONTINENT PRODUCTION LLC                                  | Oil / Gas Purchaser: POSTROCK MIDCONTINENT PRODUCTION LLC        |
| 210 PARK AVE, STE 2750, OKLAHOMA CITY, OK 73102                       |                                                                  |
| Title: VP OF ENGINEERING                                              | Signature: Felan Marli                                           |
| •                                                                     | sfer of injection authorization, surface pit permit #1\$20527316 |
| is activ                                                              |                                                                  |
| the new operator and may continue to inject fluids as a               |                                                                  |
| Permit No.: Recommended action:                                       | permitted by No.:                                                |
| Date:                                                                 | Date:Authorized Signature                                        |
| Mell to: Paet Operator EPR 1-20-                                      | -// PRODUCTION                                                   |
|                                                                       |                                                                  |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2075, Wichita, Kansas 67202



| KDOR   | LEASE NAME | WELL NO | LOCATION               | API NUMBER | FOOTAGE          | TYPE OF WELL STATUS |   |
|--------|------------|---------|------------------------|------------|------------------|---------------------|---|
| 230001 | Fail, WO   | 29-1    | N2 NW - SEC 29/28S/17E | 1520527316 | 890 FNL 1320 FWL | GAS PRODUCIN        | G |

RECEIVED KANSAS CORPORATION COMMISSION

DEC 07 2010

CONSERVATION DIVISION WICHITA, KS

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSOMA-1 July 2010 Form Must be Typed Form must be Smed All Master must be Smed

# 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.

| OPERATOR: License # 33343                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MANUS A management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: POSTROCK MIDCONTINENT PRODUCTION LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Well Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | p. 288 S. R. 17E East West                                                                                                                                                                    |
| Address 1: 210 PARK AVE, STE 2750                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pS. R East West                                                                                                                                                                               |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | County: Wilson Lease Name: Fall, W O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ***                                                                                                                                                                                           |
| Chy: OKLAHOMA CITY State: OK Zio: 73102 +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                               |
| Contact Person: RICHARD MARLIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | If ming a Form 1-1 for multiple wells<br>the lease below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on a lease, enter the legal description of                                                                                                                                                    |
| Phone: ( 405 ) 600-7704 Fax: ( 405 ) 600-7718                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N2 NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RECEIVED KANSAS CORPORATION COMMISSION                                                                                                                                                        |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DEC 07 2010                                                                                                                                                                                   |
| Surfece Owner Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONSERVATION DIVISION WICHITA, KS                                                                                                                                                             |
| Name: WOLFF, BRETT A & TYLER B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | When filing a Form T-1 involving mul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | hiple surface owners, attach an additional                                                                                                                                                    |
| Address 1: 1860 EAST PUMPSTATION RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | sheet listing all of the information to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | the left for each surface owner. Surface<br>to records of the register of deeds for the                                                                                                       |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | county, and in the real estate propert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | y tax records of the county treesurer.                                                                                                                                                        |
| City: FAYETTEVILLE State: AR Zip: 72701 +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                               |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | thodic Protection Barehale Intent), you n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nust supply the surface owners and                                                                                                                                                            |
| the KCC with a plat showing the predicted locations of lease roads, it are preliminary non-binding estimates. The locations may be entered.  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the lend upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax.  I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handli                                                                                                                                     | thodic Protection Borehole Intent), you nank batteries, pipelines, and electrical lind on the Form C-1 plat, Form CB-1 plat, of electrical Bill 2032), I have provided e located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1, and email address.  I acknowledge that, because I have not owner(s). To mitigate the additional cosing fee, payable to the KCC, which is end                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d the following to the surface orm CB-1, Form T-1, or Form 1, the plat(s) required by this provided this information, the st of the KCC perform.                                              |
| the KCC with a plat showing the predicted locations of lease roads, it are preliminary non-binding estimates. The locations may be entered.  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the lend upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax.  I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handlift choosing the second option, submit payment of the \$30.00 handliform and the associated Form C-1, Form CB-1, Form T-1, or Form C | thodic Protection Borehole Intent), you nank batteries, pipelines, and electrical lind on the Form C-1 plat, Form CB-1 plat, of electrical lind on the Form C-1 plat, Form CB-1 plat, of electrical lind on the Form C-1 plat, of electrical lind electrical l | d the following to the surface form CB-1, Form T-1, or Form T-1, the plat(s) required by this provided this information, the st of the KCC performing this closed with this form, the KSONA-1 |
| the KCC with a plat showing the predicted locations of lease roads, it are preliminary non-binding estimates. The locations may be entered.  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax.  I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface.                                                                                                                                                                                                | thodic Protection Borehole Intent), you nank batteries, pipelines, and electrical lind on the Form C-1 plat, Form CB-1 plat, of the Form C-1 plat, form CB-1 plat, of the Form C-1, Form being filed is a Form C-1 or Form CB-1, and email address.  I acknowledge that, because I have not owner(s). To mitigate the additional cosing fee, payable to the KCC, which is entire in the fee is not resiperative.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | d the following to the surface form CB-1, Form T-1, or Form T-1, the plat(s) required by this provided this information, the st of the KCC performing this closed with this form, the KSONA-1 |