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 he submitted with this form

Check Applicable Boxes: MUST be submit	tted with this form.
Oil Lease: No. of Oil Wells 9 **	Effective Date of Transfer: 5-1-2006
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 115884
Gas Gathering System: n/a	
Saltwater Disposal Well - Permit No.: D20370	Lease Name: Heady A
Spot Location: 5220 feet from N / V S Line	
1260 feet from 🗸 E / 🗌 W Line	Legal Description of Lease: N/E 4
Enhanced Recovery Project Permit No.:	iv
Entire Project: Yes V No	County: Neosho
Number of Injection Wells **	ed i
Field Name: Erie	Production Zone(s): Squirrel
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: N/A	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling
Past Operator's License No30354 🗸	Contact Person:
Past Operator's Name & Address: Jaxco Energy	Phone: 785-448-7140
28762 NE Scott Road, Garnett, Ks 66032	5/1/2006
	Date:
Title: Owner/Operator	Signature: Jack L. Dnyder
New Operator's License No. 32595	Contact Person: Michael E. Brown
New Operator's Name & Address: MSG Resources, Inc.	Phone: 620-365-7347
975 1400 St., Iola, Ks 66749 RECEIVED	Oil / Gas Purchaser:
JAN 0 6 2011	Date: 5/1/2006 Signature: Mulaul Burn
KCC WICHITA	Signature:
Acknowledgment of Transfer: The above request for transfer of injection	Commission. This acknowledgment of transfer pertains to Kansas Corporation
MSG Resources, Inc. 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.: Recommended action:	permitted by No.:
Violetian USC 2005-2010 MIT Due 12/2010	
Date: 2-9-11 Authorized Signature	Date: Authorized Signature
DISTRICT EPR 2-7-11	PRODUCTION $2-1/-1/$ uic $2-9-1/-$
Mail to: Past Operator 2-9-() New Operator	- 304

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 1/5884	<i>wol</i>			
* Lease Name:	, ,		* Location:		
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
23	15-133-23008-00-01	5220 FSLIFNL	1260 Circle	SWD	Al
24	15-133-23020	690 FSLIFFIL	1290 FELFWL	Oil	Prod
25	15-133-23021 /	1630 FSL/FML	1290 FED FWL	Oil	Prod
1	15-133-22904 🗸	330 FSL/FNL	690 FELFWL	Oil	Prod
2	15-133-22959	990_fsl/fn)L	330 FEDFWL	Oil	Prod
3	15-133-22 4 60	1650 FSL/FN/	330 FELFWL	Oil	Prod
7	15-133-23369 🗸	690 FSL/F)L	690 FEI/FWL	Oil .	Prod
11	15-133-23485	1320 FSL/FN	1320 FEZFWL	Oil	Prod
13-1	15-133-23019 [/]	690 FSL/F)L	330 FFLIFWL	Oil	Prod
8	15-133-23446	1650 FSL/F)L	990 £	Oil	Prod
	***************************************	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	The state of the s	FSL/FNL	FEL/FWL	***************************************	-
-		FSL/FNL	FEL/FWL	Market and the second s	
		FSL/FNL	FEL/FWL	-	
	W-0 P1	FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL	Market State Address of the Control	
		FSL/FNL	FEL/FWL		-
	***	FSL/FNL	FEL/FWL		
	OFFILED	FSL/FNL	FEL/FWL		
	JAN () 6 2011	FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL	***************************************	
	KCC WICHITA	FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

^{*} 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

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.

Name: M 5 G Resources Inc. Address 1: 975 1400 \$4. Address 2: Lease Name: Heady Well #: County: Lease Name: Heady Well #: County: Lease Name: Heady Well #: If filing a Form T1 for multiple wells on a lease, enter the legal description of the lease below: No. Co. Kr. Surface Owner Information: Name: Rober 4 9 Connic Camp bell Address 1: 14605 US 59 Highway Address 2: When filing a Form T1 involving multiple surface owners, attach an additional sheet Ising all of the information to the left for each surface owner. Surface owner, information can be found in the records of the county treasurer. City: Erie State S Itale S It		Well Location:		
Address 1: 975 IH DO St. County: Lease Name: Heady Well #: Lease Name: Heady Bels Heads Well #: Lease Name: Heady Well #: Lea		_		
Address 2: City: I state: K5 zip: V 749. Contact Person: 1 State: K5 zip: V 749. Contact Person: 1 State: K5 zip: V 749. Contact Person: 1 State: K5 zip: V 749. When filling a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: N/E 1 S 30 T 28 R 20 E When filling a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the first listing all of the information to the formation to the surface owner should be required to send this information to the surface owner should be formation to the surface owner should be surface owner should be surface owner should be formation to the surface owner should be surface owner should be surface owner shoul	Address 1: 975 1400 \$4.	· · · · · · · · · · · · · · · · · · ·		
City:	Address 2:	Lease Name: Heady well #		
Contact Person: M; K & B & N	City: State: Ks zip: 66749	If filing a Form T.1 for multiple wells on a losse enter the local description		
Email Address: Mane: Robert of Concide Campbell When filing a Form T-1 involving multiple surface owners, attach an additional sheet issing all of the information to the left for each surface owners. Surface owners:	Contact Person: MIKE BROWN			
Email Address: Mane: Robert of Concide Campbell 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 owners. Surface owners: Information can be found in the records of the register of deeds for the Address 2: 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 owners. Surface owners 2:	Phone: (620) 365-7347 Fax: ()	N/E 4 S 30 T 28 R 20 E		
Name: Robert & Connid Campbell Address 1: 14605 US 59 /Fghuay Address 2: State: Stat	· · · · · · · · · · · · · · · · · · ·	No. Co. Ko		
Address 1: 14605 US 59 /Fghusy sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the reaches for 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 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.				
Address 1: 19605 US 9	Name: Robert & Connie Campbell	When filing a Form T-1 involving multiple surface owners, attach an additional		
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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: 12/27/20/0 Signature of Operator or Agent: Mary Smylw Title: Agent for fame Operator REPRIFIE	owner(s) of the land upon which the subject well is or will be lot CP-1 that I am filing in connection with this form; 2) if the form the form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). I at KCC will be required to send this information to the surface owner(s).	pocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Cknowledge that, because I have not provided this information, the process. To mitigate the additional cost of the KCC performing this		
Date: 12/27/2010 Signature of Operator or Agent: Mary Smyler Title: Agent for former Operator REPORTER	owner(s) of the land upon which the subject well is or will be lot CP-1 that I am filing in connection with this form; 2) if the form the form; and 3) my operator name, address, phone number, fax, all I have not provided this information to the surface owner(s). I at KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling. If choosing the second option, submit payment of the \$30.00 handling.	pocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. 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. The fee with this form. If the fee is not received with this form, the KSONA-1		
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KCC WICHITA