T20105 Hestop.pd

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 April 2004 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

Check Applicable Boxes:				
✓ Oil Lease: No. of Oil Wells	Effective Date of Transfer: December 1, 2005			
✓ Gas Lease: No. of Gas Wells 0				
Gas Gathering System:	KS Dept of Revenue Lease No.: 130 651			
Saltwater Disposal Well - Permit No.:	Lease Name: Heslop			
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease: South Half of Northwest Quarter Sec.			
Enhanced Recovery Project Permit No.:	Thirty-six Township Twenty-three South Range sixteen East of 6th p.m.			
Entire Project: Yes No	County: Woodson			
Number of Injection Wells**				
Field Name: Vernon	Production Zone(s): Squirrel / Mississppi			
** Side Two Must Be Completed.	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			
Past Operator's License No. 30640 Exp. //30/06	Contact Person: Daryl d. Heslop RECEIVED			
Past Operator's Name & Address: DARYL D. HESLOP	Phone: 620/363/4132 DEC 2 8 2010			
R.R. 1 Neosho Falls Ks. 66758	- 14 L 0 LUIU			
Title: ower/operator	Signature: Darry L. S. S. WICHITA			
New Operator's License No. 31280	Rrian Rirk			
Birk Petroleum	Contact Person: Brian Birk			
New Operator's Name & Address: 874 12th RD.SW	Phone: 620/364/5875			
Burlington KS.66839	Oil / Gas Purchaser: Coffeyville Resources			
	Date: December 1, 2005			
Title: ower/operator	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership.	poration Commission. This acknowledgment of transfer pertains to Kansas			
is acknowleged as the	is acknowleged as the			
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pit			
Permit No.: Recommended action:	permitted by No.:			
Date:	200			
Authorized Signature	Date:			
DISTRICT EPR	PRODUCTION 2-//-// UIC 2-9-//			
Mail to: Past Operator New Operator	District			

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

Side Two

Must Be Filed For All Wells

* Lease Name:	Heslop *Location: S2 NW4 Sec.36-Twp.23-Rge.16					
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1	15-207-02242	3465 FSDFNL	2840 Circle	Oil	Prod	
3	15-207-022431	3300 FSL FNL	3960 FELFWL	Oil	Prod	
4	15-207-02244				Prod	
		FSL/FNL	FEL/FWL			
	· · · · · · · · · · · · · · · · · · ·	FSL/FNL	FEL/FWL	****		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	***************************************	FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
·		FSL/FNL	FEL/FWL	RECEIVED		
		FSL/FNL	FEL/FWL	DE	C 2 8 2010	
		FSL/FNL	FEL/FWL		WICHITA	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
No transference de la constante de la constant		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		•	
		FSL/FNL	FEL/FWL			
			1 200			

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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 31280	Well Location:		
Name: Birk Petroleum			
Address 1: Brian L. Birk	County: Woodson		
Address 2: 874 12th Rd SW	Lease Name: Heslop Well #:		
Address 1: Brian L. Birk Address 2: 874 12th Rd SW City: Burlington State: KS Zip: 66839 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Brian L. Birk	the lease below:		
Contact Person: Brian L. Birk Phone: (620) 364-1311 Fax: (620) 364-1311	S2 NW4 Sec.36-Twp.23-Rge.16		
Email Address:			
Surface Owner Information: Name: Daryl D. Heslop	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing all of the information to the left for each surface owner. Surface		
Address 2: R.R.1 City: Neosho Falls State: KS Zip: 66758 +	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.		
City: Neosho Falls State: KS 7in: 66758	, , , , , , , , , , , , , , , , , , ,		
the KCC with a plat snowing the predicted locations of lease roads, tank	lic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, an	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this id email address. cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
hereby certify that the statements made herein are true and correct to t	the best of my knowledge and belief. DEC 2 8 2010		
Date: 12/15/10 Signature of Operator or Agent: Signature	Title: Agent CC WICHITA		