### 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 be submitted with this form

Legal Description of Lease: E/2 of Section 21   Enhanced Recovery Project Permit No.:   Entire Project.   Yes   No   Number of Injection Wells   Production Zone(s): Bartlesville   DEC 0 2 2010   Production Zone(s): Bartlesville   DEC 0 2 2010   Production Zone(s): Bartlesville   DEC 0 2 2010   Production Zone(s): KCC WICHITA   Surface Pit Permit No.: (API No. if Drill Pt. WO or Haut)   feet from   N /   S Line of Section     Type of Pit:   Emergency   Burn   Settling   Haut-Off   Workness   Drilling     Past Operator's License No.   33221/	Check Applicable Boxes: MUST be submit	itted with this form.
Saltwater Disposal Well - Permit No.:   Spot Location:	Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 231174
Surface Pit Permit No:	Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No	NW_NE_SE_SE_Sec. 21 Twp. 24 R. 19 VE W  Legal Description of Lease: E/2 of Section 21  RECEIVED  County: Allen
Type of Pit: Emergency Burn Settling Haul-Off Worker Drilling Past Operator's License No	Field Name:	Froduction Zone(s).
Past Operator's Name & Address: \$\frac{1}{1000}\$ \text{Genoty of Greenville Ave.}\$\text{. Ste. 200}\$  Phone: \$\frac{214-691-6216}{214-691-6216}\$  Phone: \$\frac{214-691-6216}{2152019}\$  Signature: \$\frac{1}{11/5/2019}\$  Phone: \$\frac{2}{12}\$ \text{. Auraly Lollians}\$  Phone: \$\frac{2}{12}\$ \text{. Auraly Lollians}\$  Oil / Gas Purchaser: \$\frac{1}{11/5/2019}\$  Date: \$\frac{1}{11/5/2019}\$  Signature: \$\frac{1}{11/5/2019}\$  Signature: \$\frac{1}{11/5/2019}\$  Date: \$\frac{1}{11/5/2019}\$  Signature: \$\frac{1}{11/5/2019}\$  Signature: \$\frac{1}{11/5/2019}\$  Date: \$\frac{1}{11/5/2019}\$  Signature: \$\frac{1}{11/5/2019}\$  Date: \$\frac{1}{11/5/2019}\$  Signature: \$\frac{1}{11/5/2019}\$  Date: \$\frac{1}{11/5/2019}\$  Date: \$\frac{1}{11/5/2019}\$  Date: \$\frac{1}{11/5/2019}\$  Signature: \$\frac{1}{11/5/2019}\$  Date:	(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section feet from E / W Line of Section
New Operator's Name & Address: Nonald Coltrane    Phone:   20 494-4988	Past Operator's Name & Address: 4600 Greenville Ave., Ste. 200  Dallas, TX 75206	Phone: 214-691-6216  Date: 11/5/2010
commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.	New Operator's Name & Address: Konald Cottrane  2500 N Dakota Rd  La Harre, Xs (6751	Phone: 620 496-6988  Oil/Gas Purchaser: Residential use  Date: 1//16/10
the new operator and may continue to inject fluids as authorized by  Permit No.:  Date:  Authorized Signature  DISTRICT  EPR 2-1/-//  Mail to: Post Operator  the new operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator of the above named lease containing the surfate operator operator of the above named lease containing the surfate operator operator of the above named lease containing the surfate operator operator operator of the above named lease containing the surfate operator	noted, approved and duly recorded in the records of the Kansas Corporation (	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Authorized Signature  DISTRICT EPR 2-1/-// PRODUCTION 2-15-1// UIC 2-14-1	the new operator and may continue to inject fluids as authorized by	
New Operator New Operator District	Authorized Signature	PRODUCTION 2-5-M UIC 2-14-1

#### Side Two

#### Must Be Filed For All Wells

WAR TO

KDOR Lease	W.	***************************************			
* Lease Name:	Coltrane 21		Location:		
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)
21-1	15-001-29676	900 (FSL)FNL	360 FELFWL	Gas	shut in
		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	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
			FEL/FWL		
		FSL/FNL	FEL/FWL		
. , , , , , , , , , , , , , , , , , , ,		FSL/FNL	FEL/FWL		
	4	FSL/FNL	FEL/FWL		RECEIVED
	RECEIVED	FSL/FNL	FEL/FWL	RECEIVE	DEC 0 2 2010
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NOV 1 9 2010		FEL/FWL	NOV 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	KCC WICHITA
	KCC WICHIT	FSL/FNL '∆	FEL/FWL		
	TOC WIOTH	FSL/FNL	FEL/FWL	KCC WICHIT	·

A separate sheet may be attached if necessary

<sup>\*</sup> 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
Form must be Signed
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 Boreho	ole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 33221  Name: ROXANUA PIPELING; INC.  Address 1: 4600 GREENVILLE AVE #200  Address 2:  City: DALLAS State: TX Zip: 75206+  Contact Person: MARIE LEWIS  Phone: (214) 6916216 Fax: ()  Email Address: Michis Phuzell. Com	County: HCCE	SE <sub>Sec.</sub> 21 Twp.24 S. R. 19 X East West FN CTRANE 21 Well #: 21-1 for multiple wells on a lease, enter the legal description of
Surface Owner Information:  Name: Tonald Dollrane  Address 1: 2500 N Dakata Kd  Address 2:  City: La Harya State: Rs. Zip: 4675/+	sneet listing all of t owner information o	T-1 involving multiple surface owners, attach an additional he information to the left for each surface owner. Surface can be found in the records of the register of deeds for the eal estate property tax records of the county treasurer.
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cata the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:	ank hatteries ninelines	and electrical lines. The locations chaum an the alex
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,	e located: 1) a copy of the being filed is a Form (	he Form C-1 Form CR 1 Form T 1 or Form
I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling	Owner(s). To mitigate th	Te additional cost of the VCC performing this
f choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If P-1 will be returned.	the fee is not received with this form, the KSONA-1
hereby certify that the statements made herein are true and correct  Date: المحركة Signature of Operator or Agent: Agent:	to the best of my knowled	edge and belief Title: GED ASST
RE	CEIVED	RECEIVED
	/ 1 9 2010	DEC 0 2 2010
Mail to: KCC - Conservation Division S	WICHITA Market - Room 2078.	Wichita. Kansas 6724CC WICHITA