

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
**REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT**

Form T-1
April 2004
Form must be Typed
Form must be Signed
All blanks must be Filled

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 1 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☒ Saltwater Disposal Well - Permit No.: D-21,525
Spot Location: 330 feet from ☐ N / ☒ S Line
2970 feet from ☒ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: _____
Entire Project: ☐ Yes ☐ No
Number of Injection Wells _____ **

Field Name: Kraus

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

Effective Date of Transfer: 12-20-10
KS Dept of Revenue Lease No.: A 08 118933
Lease Name: Kraus C 1
NE-SW-SW Sec. 17 Twp. 14 R. 19 ☐ E ☒ W
Legal Description of Lease: S/2SW/4
County: Ellis
Production Zone(s): Arbuckle
Injection Zone(s): Granite Wash

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Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling OK

Past Operator's License No. 7064
Past Operator's Name & Address: Cattlemans Oil Op.
2260 Catherine Rd. Hays, Ks. 67601
Leo Dorzweiler
Title: Owner

Contact Person: Leo Dorzweiler
Phone: 785-623-6847
Date: 12-20-10
Signature: Leo Dorzweiler

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New Operator's License No. 34310
New Operator's Name & Address: New Age Oil LLC
308 W 38th St
Hays KS 67601
Title: Manager

Contact Person: Travis Rozean
Phone: 785-623-0473
Oil / Gas Purchaser: NCRA
Date: 12/20/10
Signature: Travis Rozean

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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.

New Age Oil LLC is acknowledged as the
new operator and may continue to inject fluids as authorized by
Permit No.: D-21,525 Recommended action: NONE
Date: 3-16-11 Cheryl Bayin
Authorized Signature

_____ is acknowledged as the
new operator of the above named lease containing the surface pit
permitted by No.: _____
Date: _____

DISTRICT #4 2/15/11 EPR 3-15-11 PRODUCTION 3-17-11 UIC 3-16-11
Mail to: Past Operator 3-16-11 New Operator 3-16-11 District 3-16-11

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

122010_Kraus_C_IMJ.pdf

Must Be Filed For All Wells

KDOR Lease No.:

* Lease Name: Kraus

* Location:

Well No. C 1 API No. 15-051-23, 336 Page from Section Line
(YR DRLD/PRE '67) (i.e. FSL = Feet from South Line)

Type of Well
(Oil/Gas/INJ/WSW)

Well Status
(PROD/TA'D/Abandoned)

[illegible]

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

**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 Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 7064
Name: Cattlemans Oil Operations
Address 1: 2260 Catherine Rd. Hays, Ks. 67671
Address 2: _____
City: Hays State: Ks Zip: 67601
Contact Person: Leo Dorzweiler
Phone: (785) 623 6847 Fax: () _____
Email Address: _____

Well Location:
NE - SW - SW Sec. 17 Twp. 14 S. R. 19 ☐ East ☒ West
County: Ellis

Lease Name: Kraus C Well #: 1
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

S/2 SW/4 17-14-19

Surface Owner Information:

Name: Billy E. Shelton
Address 1: 8216 Bridlewood Ct.
Address 2: _____
City: Wichita State: Ks. Zip: 67206

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 KCC 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: 12-29-10 Signature of Operator or Agent: Leo Dorzweiler Title: OWNER

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