030111 Rexidat INJ.pdf

Form T-1

Form must be Typed

Form must be Signed All blanks must be Filled

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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,

Check Applicable Boxes:	MUST be submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 03-01-2011
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 131719
Gas Gathering System:	Kgr
Saltwater Disposal Well - Permit No.: D27865	Lease Name: Rexroat
Spot Location: feet from N /	
feet from E /	W Line Legal Description of Lease: NW/4,SE/4 Sec. 14, T17S-R13W
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Barton
Number of Injection Wells**	Production Zone(s):Arbuckle, Lansing KC
Field Name: Trapp	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	6-46
(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section
Type of Pit: Emergency Burn Set	ttling Haul-Off Workover Drilling
/	ttling Haul-Off Workover Drilling
Past Operator's License No. 33699 /	Contact Person: Ann Verzeletti
Past Operator's Name & Address:	Phone: 303-807-1539
9250 E. Costilla Ave. Ste.510 Englewood, CO 80	
Title: VP of Engineering	Allan 1 H
	Signature: RECEIVED
New Operator's License No. 35005 34506/	375
New Operator's License No.	Contact Person: Bill Waller MAR 0 7 2011
New Operator's Name & Address: Empire Energy E&P, LLC	Phone: 724-483-2070
17 arentzen Blvd. Suite 203	Oil / Gas Purchaser: NCRA KCC WICHTA
Charleroi, PA 15022	Date: 2-32-1/2007
Title: Chairman & CO-CEO	Signature: Julyally
Acknowledgment of Transfer: The above request for transfer	er of injection authorization, surface pit permit # has been
	s Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership	
Empire Energy E+P, LLC is acknow	owledged as
	is acknowledged as
the new operator and may continue to inject fluids as au	The surface pit
Permit No.: D-27.865. Recommended action:	permitted by No.:
Date: 4-15-11 (1) Annal y Brown	
Date: 4-15-11 Charles Joseph Authorized Signature	Date:
DISTRICT EPR 4-14-	PRODUCTION 4-22-// UIC 4-15
Mail to: Past Operator 4-15-11	New Operator 4-15-11 District 4-15-15
The state of the s	

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

MAR 0 1 2011

Must Be Filed For All Wells

	No.: 131719	' KAR		· · · · · · · · · · · · · · · · · · ·		1 4 1 1 1
* Lease Name:	Rexroat	11		* Location;	NW/4,SE/4 Sec. 14, T17	S-R13W Barton, Co.
Well No.	API (YR DRLD/I		Footage from (i.e. FSL = Feet from	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-009-2	4518 J	990 Circle	330 Circle	Oil	PROD
2	15-009-2	24527	4303 4290 FSI/FNL	4290 (FED) FWL	Coc Dist.4 SWD	Active
		· · · · · · · · · · · · · · · · · · ·	FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
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			FSL/FNL	FEL/FWL		KCC WICHITA
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
		-	FSL/FNL	FEL/FWL		-

A separate sheet may be attached if necessary

please indicate which section each well is located.

*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 MAR 0 1 2011

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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.

OPERATOR: License # 33699 Name: T-N-T Engineering, Inc.	_ Well Location:		
Name:			
Address 1. 9250 E. Costilla Ave.	。 Barton		
Address 2: Suite 510 City: Englewood State: Co Zip: 80112 + Contact Person: Ann Verzeletti Phone: (303) 708-1539 Fax: (303) 858-8589	Lease Name: Rexroat Well #:		
City: Englewood State: Co Zin: 80112	Well #:		
Contact Person: Ann Verzeletti	— If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Phone: (303) 708-1539 Fax: (303) 858-8589	NW/4 ₂ SE/4 Sec. 14, T17S-R15W		
Email Address:			
Surface Owner Information:			
Name: Mabel L. Rice and Kendra M. Hill Revocable Trust	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		
Address 1: 753 Cheyenne Ct.			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: Elgin State: IL Zip: 60123 +			
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) or the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 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.		
 ✓ 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). I 	located: 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. acknowledge that, because I have not provided this information, the purpose.		
 ✓ 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). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling for choosing the second option, submit payment of the \$30.00 handling 	located: 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. acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this g fee, payable to the KCC, which is enclosed with this form.		
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 ✓ 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). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling of 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 CB thereby certify that the statements made herein are true and correct to the surface of the	located: 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. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this gifee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.		