

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,
MUST be submitted with this form.

Form T-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 1 2 **
☐ Gas Lease: No. of Gas Wells - **
☐ Gas Gathering System: NONE
☐ Saltwater Disposal Well - Permit No.: -
Spot Location: 4246 feet from ☐ N / ☒ S Line
2328 feet from ☒ E / ☐ W Line
☒ Enhanced Recovery Project Permit No.: E-13792
Entire Project: ☒ Yes ☐ No
Number of Injection Wells 1 INJ WELL **

Field Name: CRISSMAN

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

Effective Date of Transfer: MARCH 1, 2011

KS Dept of Revenue Lease No.: 106835 / DR

Lease Name: WELSH BEAVER UNIT

C - SW - SW - NE Sec. 16 Twp. 23 R. 14 ☐ E ☒ W

Legal Description of Lease: E/2 (320 GROSS ACRES)

16-T23S-R14W

County: STAFFORD

Production Zone(s): SIMPSON

Injection Zone(s): SIMPSON

Surface Pit Permit No.: NONE

(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 OR

Past Operator's License No. 31528 MIKE KELSO OIL, INC.

Past Operator's Name & Address: P.O. BOX 467 - 1125 SOUTH MAIN
CHASE, KANSAS 67524-0467 - USA

Title: PRESIDENT

Contact Person: MIKE D. KELSO

Phone: 620-938-2943

Date: 02/18/2011

Signature: [Signature]

New Operator's License No. 34320 LISSO ENERGY LLC

New Operator's Name & Address: P.O. BOX 465

1125 SOUTH MAIN

CHASE, KANSAS 67524-0465 - USA

Title: PRESIDENT

Contact Person: ALISHA GRAHAM

Phone: 620-481-0055

Oil / Gas Purchaser: NCRA

Date: 02/18/2011

Signature: [Signature]

RECEIVED

MAR 25 2011

KCC WICHITA

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # NONE 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.

Lasso Energy LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-13792. Recommended action: NONE

Date: 6-10-11 [Signature]
Authorized Signature

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

Date: _____ [Signature]
Authorized Signature

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JUN 01 2011

KCC WICHITA

DISTRICT 6-10-11 EPR 6-9-11 PRODUCTION 6-14-11 UIC 6-14-11
Mail to: Past Operator 6-10-11 New Operator 6-10-11 District ① 6-10-11

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

030111 Welsh Beaver Unit IMJ.pdf

✓ DR

✓ DR

* Location: 16-T23S-R14W (E/2) STAFFORD COUNTY

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MAR 25 2011
KCC WICHITA

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JUN 01 2011
KCC WICHITA

* 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 # 34320
Name: LASO ENERGY LLC
Address 1: P.O. BOX 465
Address 2: 1125 SOUTH MAIN
City: CHASE State: KS Zip: 67524 + 0465
Contact Person: ALISHA GRAHAM, PRESIDENT
Phone: (620) 481-0055 Fax: (316) 462-0708
Email Address: _____

Well Location:
C SW SW NE Sec. 16 Twp. 23 S. R. 14 ☐ East ☒ West
County: STAFFORD
Lease Name: WELSH BEAVER UNIT Well #: 1&3

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

**E/2 (320 ACRES)
16-T23S-R14W
STAFFORD COUNTY, KANSAS - USA**

Surface Owner Information:

Name: WARD BEAVER INC.
Address 1: 692 NW 70TH AVE.
Address 2: _____
City: ST. JOHN State: KS Zip: 67576 + _____

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 KSONA-1 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: 03/01/2011 Signature of Operator or Agent: ALISHA GRAHAM Title: ALISHA GRAHAM, PRESIDENT

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JUN 02 2011

KCC WICHITA

Additional Surface Owners – Welsh Beaver Unit – KDOR Lease # 106835

James and Judith Fox
647 NW 50th Ave
St. John, Kansas 67576

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JUN 06 2011
KCC WICHITA