

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.

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 4 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☒ Saltwater Disposal Well - Permit No.: D-26-934
Spot Location: 1700 feet from ☐ N / ☒ S Line
2720 feet from ☒ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: _____
Entire Project: ☐ Yes ☐ No
Number of Injection Wells _____ **
Field Name: Neosho Falls - Leroy

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

Effective Date of Transfer: April 1, 2011

KS Dept of Revenue Lease No.: ~~120012~~ N/A

Lease Name: Doering

SW Sec. 8 Twp. 24 R. 17 ☒ E ☐ W

Legal Description of Lease: E/2, SW/4

Section 8, 34S, 17E

County: Woodson

Production Zone(s): Mississippi

Injection Zone(s): Kansas City

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

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

Past Operator's License No. 32619 /

Past Operator's Name & Address: Excel Oil and Gas LLC

PO Box 68, Bucyrus, KS 66013-0068

Title: Member

New Operator's License No. 30102 ✓
Christenson, Robert

New Operator's Name & Address: C & S Oil

PO Box 41

Neosho Falls, KS 66758

Title: _____

Contact Person: John W. Loyd

Phone: 913.208.9555

Date: April 1, 2011

Signature: _____

Contact Person: Trent Christensen

Phone: 620-380-1810

Oil / Gas Purchaser: Pace

Date: 4-1-11

Signature: Trent Christ

* Pace Christensen

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.

Christenson, Robert aka C & S Oil is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-26-934. Recommended action: _____

Date: 5-24-11 Christenson, Robert
Authorized Signature

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

Date: _____

Authorized Signature _____

DISTRICT _____ EPR 5-23-11 PRODUCTION 5-24-11 UIC 5-24-11
Mail to: Past Operator S-24-11 New Operator 5-24-11 District (3) 5-24-11

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

040111 Doering - INC.pdf

KDOR Lease No.: ~~120612~~ N/A

* Lease Name: Doering * Location: E2, SW4, S.8, T.24S, R.17E

[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.

~~MAY 20 2011~~

~~KCC WICHITA~~

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSQNA-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 # 30102
Name: Robert Christenson
Address 1: 401 E 16th St
Address 2: _____
City: Neosho Falls State: Ks Zip: 66758 + _____
Contact Person: Trent Christenson
Phone: (620) 380-1810 Fax: (_____) _____
Email Address: trent@phoenixgeology.com

Well Location: _____
_____ SW Sec. 8 Twp. 34 S. R. 17 ☒ East ☐ West
County: Woodson
Lease Name: Dacring Well #: _____

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

E/2, SW/4

Surface Owner Information:

Name: Virgil Lair
Address 1: 280 N Country Club Rd
Address 2: _____
City: Chanute State: Ks Zip: 66720 + _____

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: 5-1-11 Signature of Operator or Agent: Rob Christenson Title: Owner

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MAY 20 2011

KCC WICHITA