

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.: _____
- Spot Location: 479 feet from ☒ N / ☐ S Line
- 2420 feet from ☐ E / ☒ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: Strickler

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

Effective Date of Transfer: April 1, 2011

KS Dept of Revenue Lease No.: 140491

Lease Name: M-G Unit 1

SE - NE - NE - NW Sec. 22 Twp. 26 S R. 13 ☐ E ☒ W

Legal Description of Lease: T26S R13W Sec. 22. SE NE NE NW

County: Pratt

Production Zone(s): Mississippi

Injection Zone(s): _____

Surface Pit Permit No.: _____
(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. 31725/

Contact Person: Trey Mallon

Past Operator's Name & Address: Shelby Resources LLC
445 Union Blvd. Suite 208 Lakewood CO 80228

Phone: 720-274-4682 Ext. 13

Date: April 1, 2011

Title: Financial Officer

Signature: [Signature]

New Operator's License No. 3911/

Contact Person: Robin Austin

New Operator's Name & Address: Rama Operating Co. Inc.
101 S. Main Street
Stafford, KS 67578

Phone: 620-234-5191

Oil / Gas Purchaser: Plains Marketing LP

Date: April 1, 2011

Title: President

Signature: [Signature]

RECEIVED

APR 22 2011

KCC WICHITA

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.

_____ is acknowledged as the
new operator and may continue to inject fluids as authorized by
Permit No.: _____ . Recommended action: _____
Date: _____

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 6-9-11 PRODUCTION 6-14-11 UIC 6-10-11
Mail to: Past Operator _____ New Operator _____ District _____

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

040111 M 6 Unit 1.pdf

Must Be Filed For All Wells

KDOR Lease No.: 140491

* Lease Name: M-G Unit 1

* Location: T26S R13W Sec. 22. SE NE NE NW

[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 # 31725
Name: Shelby Resources LLC
Address 1: 445 Union Blvd.
Address 2: Suite 208
City: Lakewood State: CO Zip: 80228 +
Contact Person: Trey Mallon
Phone: (720) 274-4682 Fax: (720) 274-4685
Email Address: _____

Well Location:
SE NE NE NW Sec. 22 Twp. 26 S. R. 13 ☐ East ☒ West
County: Pratt
Lease Name: M-G Unit 1 Well #: 1

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

T26S R13W Sec. 22. SE NE NE NW

Surface Owner Information:

Name: GOI, INC. c/o CLARK GRIFFITH
Address 1: 80425 NE 10TH AVE.
Address 2: _____
City: LUKA State: KS Zip: 67066 +

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: April 1, 2011 Signature of Operator or Agent: Trey Mallon Title: Financial Manager