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: Effective Date of Transfer: May 1, 2011 Oil Lease: No. of Oil Wells ___2 Gas Lease: No. of Gas Wells _____** 141119 NR KS Dept of Revenue Lease No.: 202047 Gas Gathering System: _ Lease Name: DAY Saltwater Disposal Well - Permit No.: ___ _-___ Sec. 15 Twp. 35 R. 1 F __ feet from N / S Line Legal Description of Lease: NE NE NWSW and feet from E / W Line All of NE SEC 15-355-1E Sumner Cty, KS Enhanced Recovery Project Permit No.: _ County: SUMNER Entire Project: Yes No Number of Injection Wells ____ Production Zone(s): CLEVELAND Field Name: Injection Zone(s):__ ** Side Two Must Be Completed. Surface Pit Permit No.: _ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) W Line of Section feet from Drilling OF Burn Settling Haul-Off Workover Type of Pit: Emergency 34368 DAVID E. HUNT Past Operator's License No. Contact Person: Past Operator's Name & Address: FOSSIL CREEK RESOURCES, LLC Phone: _817-701-4978 MAY 27, 2011 1521 N COOPER, STE 650; ARLINGTON, TX 76011 Title: PRINCIPAL Signature: Contact Person: JEFF BURNS New Operator's License No. New Operator's Name & Address: TREK RESOURCES, INC Phone: 214-346-2212 RECEIVED 4925 GREENVILLE AVE SUITE 915 Oil / Gas Purchaser: COFFEYVILLE CRUDE MAY 3 1 2011 Date: _MAY 27, 2011 **DALLAS, TX 75206** Title: A&D AND MARKETING ASSOCIATE KCC WICHITA Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #. 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 is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by ______ . Recommended action: permitted by No.: ____ Date: Authorized Signature Authorized Signature PRODUCTION _ DISTRICT _

New Operator _

Mail to: Past Operator _

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 202647 14 111 9	DR	and the second s		
* Lease Name:	DAY		* Location: S	SUMNER COUNTY 15-3	35S-1E
Well No.	API No. (YR DRLD/PRE 67)	Footage from (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
15-1	15-191-22573 /	2300 FSU FND	330 FE FWL	OIL	TA'D
15-3	15-191-22576 [/]	2400 FSL FNL	1100 FELIEWI	OIL	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		F\$L/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
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					MAY 3 1 2011
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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

Form KSONA-1
July 2010
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: Ligares # 34134	Well Location:		
Name: TREK RESOURCES, INC.	NE _NE _NW_ SW Sec. 15 Twp. 35 S. R. 1 🗷 East West		
OPERATOR: License # 34134 Name: TREK RESOURCES, INC. Address 1: 4925 GREENVILLE AVE SUITE 915	County: SUMNER		
Address 2:	County: SUMNER Lease Name: DAY Well #: 15-1, 15-3		
Address 2:	If filing a Form T.1 for multiple wells on a loose, enter the local description of		
Contact Person: JEFF BURNS	the lease below:		
Contact Person: JEFF BURNS Phone: (214) 346-2212 Fax: (214) 373-8035	ALL OF NE SEC 15 35S 1E, SUMNER CTY, KS		
Email Address:	KSONA FEE		
	DAID		
Surface Owner Information: Name: CRAIG DAY	When filing a Form T-1 involving multiple surface owners, attach an additional		
Name: CRAIG DAY Address 1: 16109 W. INDIAN RD	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.		
Address 2:			
. (44, 444 - 1, 144 -			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C the KCC with a plat showing the predicted locations of lease roads,	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat		
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RECEIVED
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KCC WICHITA