051611_Brooks_Younger_1.pdf

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,

Check Applicable Boxes: MUST be submitted with this form. Oil Lease: No. of Oil Wells ____1 5/16/2011 Effective Date of Transfer: Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: 211529 Gas Gathering System: Lease Name: Brooks-Younger #1 N/A Saltwater Disposal Well - Permit No.: _SE _ NE _ NE _Sec. 22 Twp. 32 R. 13 E / W Spot Location: 990 feet from V N / S Line Legal Description of Lease: All of section 22-32S-13W feet from ✓ E / W Line Enhanced Recovery Project Permit No.: N/A Entire Project: Yes No County: Barber Number of Injection Wells Mississippi Production Zone(s): Field Name: Brooks-Younger Injection Zone(s): ** Side Two Must Be Completed. 15-007-21543 No pit at wellsite Surface Pit Permit No.: feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Type of Pit: ✓ Drilling OK Emergency Burn Settling Haul-Off Workover 33523 / **David Boyce** Past Operator's License No. Contact Person: Past Operator's Name & Address: OKT Resources, LLC Phone: 405-285-1140 1900 E. 15th Street Bldg 600 Edmond, OK 73013 5/12/2011 Title: Manager New Operator's License No. 33186 / Michael Petermann Contact Person: New Operator's Name & Address: LB Exploration, Inc. Phone: 785-252-8034 2135 2nd Road, Holyrood, KS 67450 West Wichita Gas Gathering, LLC & Plains Mktg LP President Signature: 15-007-21543 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 and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit __ . Recommended action: permitted by No.: _ RECEIVED Date: Authorized Signature Authorized Signatur 7.05.11 DISTRICT -**PRODUCTION** Mail to: Past Operator _ **New Operator**

Side Two

Must Be Filed For All Wells

ease Name:	Brooks-Younger #1	w)			Location: S	SE NE NE Sec. 22-32S-	13W, Barber Co., KS
Well No.	API No. (YR DRLD/PRE '67)	Fo (i.e. F	ootage from S SL = Feet fro	Section Line om South L	e .ine)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
	15-007-21543 /	990	Circle _FSU/FNL	330	<i>Gircle</i> FEUFWL	Oil/Gas	TA'D
			_FSL/FNL		_FEL/FWL		<u> </u>
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		_	_FSL/FNL		_ FEL/FWL		
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^{*} 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

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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.

Select the corresponding form being filed: C-1 (Intent) CB-1	(Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 33523	Well Location				
Name: OKT Resources, LLC	Well Location: SENENE_Sec22Twp32_S. R13East ☒ West				
Address 1: 1900 E. 15th Street, Bldg 600	County: Barber				
Address 2:	Lease Name: Brooks-Younger Well #: 1				
City: Edmond State: OK Zip: 73013 +					
Contact Person: David Boyce	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Contact Person: David Boyce Phone: (405) 285-1140 Fax: (405) 285-5895					
Email Address:					
Surface Owner Information:					
Name: Ralph Webster & Diane Kay Hicks	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				
Address 1: 24180 Hgwy H East	owner information can be found in the records of the register of deeds for the				
Address 2:	county, and in the real estate property tax records of the county treasurer.				
City: Vestori State: Vio Zip: 04090 +					
are preliminary non-binding estimates. The locations may be entered of Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A	k batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
owner(s) of the land upon which the subject well is or will be le	ocated: 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				
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this I fee, payable to the KCC, which is enclosed with this form.				
If 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 CP-	fee with this form. If the fee is not received with this form, the KSONA-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: 5/12/2011 Signature of Operator or Agent.	RECEIVED Nanager				
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	KCC WICHITA				

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OPERATOR License # 33523	Wall Logation			
OPERATOR: License # 33523 Name: OKT Resources, LLC				
Address 1: 1900 E. 15th Street, Bldg 600	County: Barber			
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: David Boyce	the lease below:			
Phone: (405) 285-1140 Fax: (405) 285-5895				
Email Address:	<u>_</u>			
Surface Owner Information:				
Name: Mark N. Youngers and Christopher M. Youngers	When filing a Form T-1 involving multiple surface owners, attach an additional			
Address 1: 24180 Hgwy H East	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:				
City: Weston State: MO Zip: 64098 +	_			
the KCC with a plat showing the predicted locations of lease roads, ta	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following:	ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
 I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be 	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, the plating filed is a Form C-1 or Form CB-1, the plating filed is a Form C-1 or Form CB-1.			
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