

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 11 **
- ☐ Gas Lease: No. of Gas Wells **
- ☐ Gas Gathering System:
- ☐ Saltwater Disposal Well - Permit No.:
- Spot Location: feet from ☐ N / ☐ S Line
- feet from ☐ E / ☐ W Line
- ☒ Enhanced Recovery Project Permit No.: E29,013
- Entire Project: ☒ Yes ☐ No
- Number of Injection Wells 4 **

Field Name: Sedan-Peru

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

Effective Date of Transfer: 6-1-11

KS Dept of Revenue Lease No.: 136667 DL

Lease Name: Flossie White

 Sec. 22 Twp. 34S R. 11 ☒ E ☐ W

Legal Description of Lease: W/2 NE/4, SE/4 NE/4, N/2 SE/4

County: Chautauqua

Production Zone(s): Wayside

Injection Zone(s): Wayside

Surface Pit Permit No.: P08502
(API No. if Drill Pit, WO or Haul)

3900 feet from ☐ N / ☒ S Line of Section

100 feet from ☒ E / ☐ W Line of Section

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

Past Operator's License No. 32933 ✓

Past Operator's Name & Address: Todd Miller or Speedy Well Service, LLC
402 W. Elm Sedan, KS 67361

Title: Owner

Contact Person: Todd Miller

Phone: 1(620)725-3631

Date: 6-1-11

Signature: Todd Miller

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New Operator's License No. 34374 ✓

New Operator's Name & Address: Legacy Petroleum, LLC

P.O. Box 3336

Bartlesville, OK 74006

Title: Blaine R Haag, Mgr

Contact Person: Blaine R. Haag

Phone: 918-798-4510

Oil / Gas Purchaser: Coffeyville Resources

Date: 6-6-11

Signature: Blaine R. Haag

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # P08502 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.

Legacy Petroleum LLC is acknowledged as the new operator and may continue to inject fluids as authorized by

Permit No.: E-29,013 Recommended action:

Need UIC for 290 ft #7

Date: 6-23-11 Cheryl L. Boyer

Authorized Signature

Legacy Petroleum LLC is acknowledged as the new operator of the above named lease containing the surface pit

permitted by No.: P08502

Date: 6/23/11 Janell P. Rains

Authorized Signature

DISTRICT

EPR 6-20-11

PRODUCTION 6-23-11

UIC 6-23-11

Mail to: Past Operator 6-23-11

New Operator 6-23-11

District 36-23-11

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

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060111 Flossie White INO.pdf

* Lease Name: Flossie White * Location: W/2 NE/4, SE/4 NE/4, N/2 SE/4 22-34S-11E

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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

**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 # 32933
Name: Todd Miller
Address 1: 402 W. Elm
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____
Contact Person: Todd Miller
Phone: (620) 725-3631 Fax: (_____) _____
Email Address: _____

Well Location:
_____ Sec. 22 Twp. 34S R. 11 ☒ East ☐ West
County: Chautauqua
Lease Name: Flossie White Well #: _____
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
w/2 ne/4. se4 ne4,n/2 se/4

Surface Owner Information:

Name: Ken Bever
Address 1: hwy 99
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____

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: 6/15/11

Signature of Operator or Agent: Todd Miller

Title: Operator

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