

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 2 1 **
☐ 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.: E23130.1
Entire Project: ☐ Yes ☐ No
Number of Injection Wells 1 **

Field Name: Gorham

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

Effective Date of Transfer: 07/05/2006

KS Dept of Revenue Lease No.: 134662

Lease Name: Schoenberger

_____ NW _____ NE Sec. 32 Twp. 14 R. 14 ☐ E ☒ W

Legal Description of Lease: NE/4 Sec 29-34-14W

County: Russell

Production Zone(s): Arbuckle/LKC

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 OK

Past Operator's License No. 6622 Exp. 6/30/06

Contact Person: James Schoenberger

Past Operator's Name & Address: Jason Oil Company

Phone: 785-483-4204

PO Box 701 Russell KS 67665

Date: _____

Title: Operator/Owner

Signature: James T. Schoenberger

New Operator's License No. 33813 ✓

Contact Person: James Schoenberger

New Operator's Name & Address: Jason Oil Company, LLC

Phone: 785-483-4204

PO Box 701 Russell KS 67665

Oil / Gas Purchaser: Plains Marketing, LP

Date: _____

Title: Operator/Manager

Signature: James T. Schoenberger

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 7-15-11

PRODUCTION 7-18-11

UIC 748-11

Mail to: Past Operator _____

New Operator _____

District _____

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

KCC WICHITA

070506 Schoenberger.pdf

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JUL 14 2011

* Lease Name: Schoenberger

* Location: NE/4 Sec. 29-34-14-14 W

[illegible]

* Already under operator 33813
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.

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KANSAS CORPORATION COMMISSION
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Form KSONA-1
July 2010
Form Must Be Typed
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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.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 33813
Name: Jason Oil Company, LLC
Address 1: PO Box 701/
Address 2: _____
City: Russell State: KS Zip: 67665 + 0701
Contact Person: James Schoenberger
Phone: (785) 483-8027 Fax: (785) 483-1087
Email Address: _____

Well Location: _____
NW Nw NE Sec. 29 Twp. 14 S. R. 14 ☐ East ☒ West
County: Russell
Lease Name: Schoenberger Well #: _____

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

Surface Owner Information:

Name: James Schoenberger
Address 1: Po Box 701
Address 2: _____
City: Russell State: KS Zip: 67665 + 0701

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: 7/12/11 Signature of Operator or Agent: James McDonald Title: agent

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JUL 14 2011