

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

010111 Shurtleff 1-15.pdf

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 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.:         
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells        \*\*

Field Name:       

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

Effective Date of Transfer: 01/01/2011

KS Dept of Revenue Lease No.: 107708

Lease Name: SHURTLEFF 1-15

SW    NE    NE    Sec. 15 Twp. 34S R. 22 ☐ E ☒ W

Legal Description of Lease: 4145'FSL 1315' FEL

County: CLARK

Production Zone(s): MORROW

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. 32972 /

Past Operator's Name & Address: THE SOUTH FORTY INC

P.O. BOX 446 LAVERNE, OK 73848

Title: PRESIDENT

Contact Person: ALLEN BARBY

Phone: 580 921-3366

Date: 01/01/2011

Signature: Allen Barby

New Operator's License No. 33514 /

New Operator's Name & Address: JO-ALYN OIL CO INC

P.O. BOX 446, LAVERNE, OK 73848

Title: PRESIDENT

Contact Person: ALLEN BARBY

Phone: 580/921-3366

Oil / Gas Purchaser: PLAINS MARKETING

Date: 1-1-2011

Signature: Allen Barby

RECEIVED

AUG 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        PRODUCTION 9-08-11 UIC 9-8-11  
Mail to: Past Operator        New Operator        District       

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

**Side Two**

**Must Be Filed For All Wells**

KDOR Lease No.: 107708

\* Lease Name: SHURTLEFF

\* Location: SEC 15-34S-22W 4145 FSL 1315' FEL

[illegible]

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**AUG 22 2011**

**KCC WICHITA**

*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 # 33514  
Name: JO-ALLYN OIL CO INC  
Address 1: P.O. BOX 446  
Address 2:  
City: LAVERNE State: OK Zip: 73848 +  
Contact Person: ALLEN BARBY  
Phone: ( 580 ) 921-3366 Fax: ( 580 ) 921-5824  
Email Address: abarby@ptsi.net

Well Location:  
SW NE NE Sec. 15 Twp. 34 S. R. 22 ☐ East ☒ West  
County: CLARK  
Lease Name: SHURTLEFF Well #: 1-15

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

**Surface Owner Information:**

Name: JANE S RANKIN  
Address 1: P.O. BOX 3  
Address 2:  
City: ASHLAND State: KS Zip: 67831 +

*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: 1-1-2011

Signature of Operator or Agent:

*Allen Barby*

Title: PRESIDENT