

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 107 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☒ Saltwater Disposal Well - Permit No.: 15-019-25853 D25850
Spot Location: 825 feet from ☒ N / ☐ S Line
3135 feet from ☐ E / ☒ W Line
☐ Enhanced Recovery Project Permit No.: E26805
Entire Project: ☐ Yes ☐ No
Number of Injection Wells 4 **
Field Name: PERU/ SEDAN

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

Effective Date of Transfer: 1/03/11
KS Dept of Revenue Lease No.: 129721
Lease Name: RISING A
SW - NE - SE - SW Sec. 1 Twp. 34 R. 12 ☒ E ☐ W
Legal Description of Lease: S/2 OF NW/4, SW/4, SWOFSE/4
County: CHAUTAUQUA
Production Zone(s): _____
Injection Zone(s): MISSISSIPPI

Surface Pit Permit No.: NONE
(API No. if Drill Pit, WO or Haul)

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

_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section

Past Operator's License No. 4616 Exp. 9/30/10
Past Operator's Name & Address: JIMMY RAY WOLFE
P.O. BOX 5 PERU, KS 67360

Contact Person: DECEASED
Phone: _____
Date: _____

Title: OPERATOR

Signature: _____

New Operator's License No. 34496 ✓
New Operator's Name & Address: WOLFE OIL INC.
P.O. BOX 5 PERU, KS 67360

Contact Person: DONNA WOLFE
Phone: 620-404-0145
Oil / Gas Purchaser: COFFEYVILLE RESOURCES

Title: OPERATOR

Date: 4/6/11
Signature: Donna Wolfe

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # NONE 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.

Wolfe Oil Inc is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: D-25850. Recommended action: _____
MIT Overdue 6-2-2011
Date: 8-29-11 Cheryl L. Beyer
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 8-26-11 PRODUCTION 8-31-11 UIC 8-29-11
Mail to: Past Operator 8-29-11 New Operator 8-29-11 District 3 8-29-11

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

010311 Rising A IMJ.pdf

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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March 2010
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**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 107 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☒ Saltwater Disposal Well - Permit No.: 15-019-25853 D25850
Spot Location: 825 feet from ☒ N / ☐ S Line
3135 feet from ☐ E / ☒ W Line
☐ Enhanced Recovery Project Permit No.: E26605
Entire Project: ☐ Yes ☐ No
Number of Injection Wells 4 **
Field Name: PERU/ SEDAN

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

Effective Date of Transfer: 1/03/11
KS Dept of Revenue Lease No.: 129721
Lease Name: RISING A
SW - NE - SE - SW Sec. 1 Twp. 34 R. 12 ☒ E ☐ W
Legal Description of Lease: S/2 OF NW/4, SW/4, SW/4 SE/4
County: CHAUTAUQUA
Production Zone(s): _____
Injection Zone(s): MISSISSIPPI Reel Sand

Surface Pit Permit No.: NONE
(API No. if Drill Pit, WO or Haul)

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

Past Operator's License No. 4616 Exp. 9/30/10
Past Operator's Name & Address: JIMMY RAY WOLFE
P.O. BOX 5 PERU, KS 67360

Title: OPERATOR

Contact Person: DECEASED

Phone: _____

Date: _____

Signature: _____

RECEIVED
KANSAS CORPORATION COMMISSION

AUG 25 2011

LEGAL SECTION

New Operator's License No. 34496 ✓
New Operator's Name & Address: WOLFE OIL INC.
P.O. BOX 5 PERU, KS 67360

Title: OPERATOR

Contact Person: DONNA WOLFE

Phone: 620-404-0145

Oil / Gas Purchaser: COFFEYVILLE RESOURCES

Date: 4/6/11

Signature: Donna Wolfe

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # NONE 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.

Wolfe Oil Inc is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-26605 Recommended action: _____
Violation UIC due 2005-2010
Date: 8-29-11 Charles H. Seigel
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____
Date: _____
Authorized Signature

DISTRICT _____

Mail to: Past Operator 8-29-11

EPR 8-26-11

New Operator 8-29-11

PRODUCTION 8.31.11

UIC 8-29-11

District ③ 8-29-11

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

✓

* Location: SW, NE, SE, SW SEC 1, TWP 34S, R12

RECEIVED
JUL 19 2011
KCC WICHITA

RECEIVED
APR 13 2011
KCC WICHITA

* 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 # 34496
Name: WOLFE OIL INC.
Address 1: P.O. BOX 5
Address 2: _____
City: PERU State: KS Zip: 67360 + _____
Contact Person: DONNA WOLFE
Phone: (620) 404-0145 Fax: (_____) _____
Email Address: _____

Well Location:
SW NE SE SW Sec. 1 Twp. 34 S. R. 12 ☒ East ☐ West
County: CHAUTAUQUA
Lease Name: RISING A Well #: 7

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

SWNE SE SW 1 34 12
5/2 of NW/4, SW/4, SW/4 of SE/4

Surface Owner Information:

Name: RON ILERTS
Address 1: 1008 E. 134TH AVE.
Address 2: _____
City: MULVANE State: KS Zip: 67110 + _____

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: 4/6/2011 Signature of Operator or Agent: Donna Wolfe Title: President