

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

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

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

Surface Pit Permit No.: NONE
(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. 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

Add'l info on File

Signature: _____

RECEIVED
KANSAS CORPORATION COMMISSION
AUG 25 2011

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.: D25850. Recommended action: _____

MIT Overdue 6-2-2011

Date: 8-29-11 Cheryl J. Bayers
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

010311 RISING A IMG.PDF

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
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

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 NW1/4, SW1/4, SW1/4
 County: CHAUTAUQUA
 Production Zone(s): _____
 Injection Zone(s): MISSISSIPPI Reed Sand

** Side Two Must Be Completed.

Surface Pit Permit No.: NONE
(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. 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: _____

Add'l info on File

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

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.: E-26605. Recommended action: _____
Violation UIC due 2005-2010
 Date: 8-29-11 Cheryl H. Jeyl
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

010311 RISING A IMG.PDF

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
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 # 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: 4/10/2011 Signature of Operator or Agent: Donna Wolfe Title: President