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:	inted with this form.	
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 5/15/11	
Gas Lease: No. of Gas Wells 4	KS Dept of Revenue Lease No.: 222377 / 222794 VD Lease Name: Puckett/Vaughn Sec. 11 Twp. 29 R. 15 VE W	
Gas Gathering System:		
Saltwater Disposal Well - Permit No.:		
Spot Location: feet from N / S Line		
feet from E / W Line	Legal Description of Lease:	
✓ Enhanced Recovery Project Permit No.: E-27631	W/2 Sec 11-T29S-R15E	
Entire Project: ✓ Yes No	County: Wilson	
Number of Injection Wells **	Production Zone(s): Summit Coal	
Field Name: Fredonia	Injection Zone(s): Bartlesville	
** Side Two Must Be Completed.		
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section	
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling OF	
Past Operator's License No. 33442 Exp 7/30/11	Contact Person: Jason T John	
Past Operator's Name & Address: Clear Creek Exploration, LLC	Phone: 620-431-8541	
10887 Marion Rd, Fredonia, KS 66736	(/2/a)) A	
	Date: 6/9/1/	
Title: Co-owner	Signature:	
New Operator's License No	Contact Person: Darin E Vaughn	
New Operator's Name & Address: Vaughn Operating, Inc.	Phone: 620-431-8944 RECEIVED	
13214 K47 Hwy, Fredonia, KS 66736	Oil / Gas Purchager: Cherokee Basin Pipeline 1110 / 7 2011	
	Date: 69-11 KCC WICHITA	
Title: Owner	Signature: Wan Ch	
Acknowledgment of Transfer: The above request for transfer of injection	on authorization, surface pit per hit # has been	
	on Commission. This acknowledgment of transfer pertains to Kansas Corporation	
Commission records only and does not convey any ownership interest in the		
Vaughn Operating Inc is acknowledged as	is acknowledged as	
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit	
Permit No.: E-27, 631 Recommended action:	permitted by No.:	
Violation 435 due 2005,2010		
Date: 8-26-11 Cherry Days	Date:	
Authorized Signature	8-7-11	
DISTRICT Mail to: Past Operator 8-26-11 New Operator	PRODUCTION 8-31:11 UIC 8-26-[1] erator 8-26-[1] District(3) 8-26-[1]	

Must Be Filed For All Wells

222377/222794 VON KDOR Lease No.: W/2 Sec 11, T29S, R15E, Wilson County Puckett/Vaughn * Lease Name: Type of Well Footage from Section Line Well Status Well No. API No. (i.e. FSL = Feet from South Line) (YR DRLD/PRE '67) (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned) Prod/Active 15-205-25141 660 2970 Gas Puckett #1 AI 330 Inj/Eor Puckett #2 15-205-24142-0001 4290 (FEI) FWL Prod/Inactive 15-205-26137 2640 (FSL)FNL 2310 Gas Vaughn #2 Prod/Inactive 2550 FSL(FNL 15-205-26138 / 330 Gas Vaughn #3 FELFWL Prod/Inactive 15-205-27003 ~ Gas Vaughn #4 400 FSLEND 400 FEL FWL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FSL/FNL FEL/FWL **FEL/FWL** FSL/FNL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FSL/FNL FEL/FWL RECEIVED FSL/FNL FEL/FWL JUN 27 2011 FEL/FWL FSL/FNL FSL/FNL **FEL/FWL** FEL/FWL FSL/FNL FSL/FNL FEL/FWL

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

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.

OPERATOR: License #	Well Location: Sec. 11 Twp. 29 S. R. 15 X East West County: Wison Lease Name: Puckett/Vaughn Well #:	
OPERATOR: License # 34454 Name: Vaughn Operating, Inc.		
Address 1:		
Address 2:	Lease Name: Puckett/Vaugnn	
City: Fredonia State: KS Zip: 66736 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:	se, enter the legal description o
Address 2: City: Fredonia State: KS Zip: 66736 Contact Person: DeAnna Vaughn Phone: (620) 431-8977 Fax: (620) 378-2952	W/2 Sec 11, T29S, R15E, Wilson County, KS	
Email Address:		
Surface Owner Information:	•	
Name: Darin Vaughn and DeAnna Vaughn Address 1: 13214 K47 Hwy	When filing a Form T-1 involving multiple surface owners, attach an additi sheet listing all of the information to the left for each surface owner. Sur	for each surface owner. Surface
	owner information can be found in the records of the register of deeds for county, and in the real estate property tax records of the county treasurer.	
Address 2:		
City: Fredonia State: KS Zip: 66736 +		
Select one of the following: X 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	n being filed is a Form C-1 or Form CB-1, the	
form; and 3) my operator name, address, phone number, fax,	and email address.	
form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling.	acknowledge that, because I have not provid	ded this information, the he KCC performing this
form; and 3) my operator name, address, phone number, rax, I have not provided this information to the surface owner(s). I	acknowledge that, because I have not provious powner(s). To mitigate the additional cost of the fee, payable to the KCC, which is enclosed that this form. If the fee is not receive	ded this information, the he KCC performing this d with this form.
form; and 3) my operator name, address, phone number, rax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handlin If choosing the second option, submit payment of the \$30.00 handlinform and the associated Form C-1, Form CB-1, Form T-1, or Form CB-1.	acknowledge that, because I have not provide owner(s). To mitigate the additional cost of the fee, payable to the KCC, which is enclosed any fee with this form. If the fee is not receive P-1 will be returned.	ded this information, the he KCC performing this did with this form. If with this form, the KSONA:
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