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## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1
Merch 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 Effective Date of Transfer: Gas Lease: No. of Gas Wells 1 KS Dept of Revenue Lease No.: 220555 Gas Gathering System: Lease Name: KOCH A-1 Saltwater Disposal Well - Permit No.: \_\_\_\_ -\_\_\_<u>SW\_\_SW\_Sec.\_\_15\_Twp.\_\_33S\_R.\_\_34\_\_\_</u>\_\_E\_/\_W Spot Location: 660 \_\_ feet from 🔲 N / 🕢 S Line Legal Description of Lease: SECTION 15-T33S-R34W \_\_ feet from \_\_ E / 🗸 W Line Enhanced Recovery Project Permit No.: \_\_\_\_\_ County: SEWARD Entire Project: Yes No Number of Injection Wells \_ Production Zone(s): UPPER CHESTER 2 Field Name: \_\_\_\_SHUCK Injection Zone(s):\_ \*\* Side Two Must Be Completed. Surface Pit Permit No.: \_\_\_\_\_ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Haul-Off Workover Drilling Robert Abemathy Past Operator's License No. Contact Person: Past Operator's Name & Address: \_\_ELM III Operating Company, LLC Phone: (405) 823-4720 5/11/2011 Date: \_\_ P.O. Box 2446, Oklahoma City, OK 73101 Title: Vice President Signature: Contact Person: Dick Schremmer New Operator's License No. New Operator's Name & Address: Bear Petroleum, inc. Phone: (316) 524-1225 P.O. Box 438 Oil / Gas Purchaser: N/A Haysville, KS Date: Title: President Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_ 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 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 . Recommended action: permitted by No.: \_\_\_\_ RECEIVED Date: Authorized Signature PRODUCTION 16.17.11 DISTRICT \_\_ Mail to: Past Operator. **New Operator** 

#### Side Two

#### Must Be Filed For All Wells

SCANNED

KDOR Lease	No.: 220555				
* Lease Name:	KOCH A-1		* Location:	Section 15-T33S-R34W	, SEWARD, SHUCK
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Wall (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
A-1	15-175-2 <i>0300-0</i> 00 1517520550000	660 FSLFNL	660 Circle	GAS	TA'D
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL _	FEL/FWL_		
		FSL/FNL	FEL/FWL _		
		FSUFNL _	FEL/FWL _		
<u> </u>		FSL/FNL	FEL/FWL		
		FSL/FNL _	FEL/FWL	-	
		FSL/FNL _	FEL/FWL		RECEIVED
		FSL/FNL _	FEL/FWL		MAY 1 8 2011
			FEUFWL		KCC WICHITA
······			FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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

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-	(Cathook Projection Borehole Intent) (四 1-1 (Transle	r) [ CF*1 (Hugging Application)		
OPERATOR: License # 34545	Well Location:			
Name: ELM III Operating Company, LLC	SW_SW_Sec. 15 Twp. 33 S. R. 34 East X West  County: SEWARD  Lease Name: KOCH Well #: A-1			
OPERATOR: License # 34545  Name: ELM III Operating Company, LLC  Address 1: P.O. Box 2446				
	Lease Name: KOCH	Well #: A-1		
Address 2:	If filing a Form T-1 for multiple wells on a k	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Robert Abernathy	the lease below:			
Phone: ( 405 ) 823-4720 Fax: ( )				
Email Address:				
Surface Owner Information: Name: HITCH LAND AND CATTLE COMPANY	When filing a Form T-1 involving multiple su	uface owners, attach an additional		
Address 1: PO BOX 76	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.			
Address 2:				
Address 2:				
are preliminary non-binding estimates. The locations may be entered Select one of the following:	on the form of find form of the play of the se	parato por may be submitted.		
<ul> <li>✓ I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,</li> <li>☐ I have not provided this information to the surface owner(s). I</li> </ul>	located: 1) a copy of the Form C-1, Form C being filed is a Form C-1 or Form CB-1, the and email address.	B-1, Form T-1, or Form e plat(s) required by this		
KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling	owner(s). To mitigate the additional cost of the	he KCC performing this		
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form CI	g fee with this form. If the fee is not received 2-1 will be returned.	d with this form, the KSONA-1		
I hereby certify that the statements made herein are true and correct		RECEIVED		
Date: 5/11/2011 Signature of Operator or Agent:	Title: Vice F	President MAY 1 8 2011  KCC WICHITA		
	/	KCC WICHITA		