KANSAS CORPORATION COMMISSION OIL & Gas Conservation Division

Form T-1 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,

Check Applicable Boxes: MUST be submitted with this form. Oil Lease: No. of Oil Wells 2 Effective Date of Transfer: 5-1-11 Gas Lease: No. of Gas Wells 10R KS Dept of Revenue Lease No.: ___ 108028 Gas Gathering System: Lease Name: WALTER B Saltwater Disposal Well - Permit No.: ___ Sec. 2 Twp. 12 R. 18 EVW ___ feet from N / S Line Legal Description of Lease: S/2 SW and S/2 NW SW & SE NE SW feet from E / W Line Sec. 2-12S-18W Enhanced Recovery Project Permit No.: Entire Project: Yes No County: ELLIS Number of Injection Wells _ Production Zone(s): Arbuckle and LKC Field Name: BEMIS-SHUTTS 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 Settling Burn Haul-Off Workover Drilling OR E. D. Stinson Past Operator's License No. Contact Person: Past Operator's Name & Address: __LARIO OIL & GAS COMPANY Phone: 316-265-5611 301 S. MARKET, WICHITA, KS 67202 Title: VICE PRESIDENT - LAND & LEGAL 34405 √ Contact Person: Gary L. Richardson New Operator's License No. New Operator's Name & Address: _____B Natural Resources Management Corp. Phone: 661-679-1728 1600 NORRIS ROAD Oil / Gas Purchaser: BAKERSFIELD, CA 93308 Title: VP - Land 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 of the above named lease containing the surface bit the new operator and may continue to inject fluids as authorized by permitted by No.: ____ JUL n 6 2011 Date: Authorized Signature Authorized Signature DISTRICT _ PRODUCTION _ UIC 10.26-11 Mail to: Past Operator _

District

New Operator



Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 108028 15				
Lease Name:	WALTER B	* Location: _ Sec. 2-12S-18W			
Well No. API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
3	15-051-06635-00 ^J	Circle 330 FSDFNL	660 Circle	OIL	PROD
4	15-051-04833-00	990 FSUFNL	660FEL/FW)	OIL	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
uv.		FSL/FNL	FEL/FWL		
- 100-1		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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 # 5214 Name: LARIO OIL & GAS COMPANY			
Name: LAINO OIL & GAS COMPANT	Well Location:		
Address 1: 301 S. MARKET	County: ELLIS		
Address 2:	County: ELLIS Lease Name: WALTER B Well #: 3 & 4		
City: WICHITA State: KS Zip: 67202 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: JAY SCHWEIKERT	the lease below: S/2 SW & S/2 NW SW & SE NE SW Sec.		
Phone: (316) 265-5611 Fax: (316) 265-5610	2-12S-18W		
Email Address:			
Surface Owner Information:			
Name: See Attached*	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	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		
oddress 2:	county, and in the real estate property tax records of the county treasurer.		
City:			
Select one of the following:			
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be lo	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, an			
CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, an I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling if	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

ULI 24 2011

KCC WICHITA

Walter B 2-12-18 Gerald J, Marjorie & Craig J Walters 2451 260th Ave Hays, KS 67601

Anthony L & Sheila Walters 14320 NW 62 Place Parkville, MO 64152

Keith Walters 1638 Strait Lane Pleasanton, TX 78064

Laura Walters 1638 Strait Lane Pleasanton, TX 78064

Patrick Walters PO Box 28 Catharine, KS 67627

Sheila Walters 14320 NW 62nd Place Parkville, MO 64152

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KCC WICHITA

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OCT 2 4 2011

KCC WICHITA