

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 6 \*\*  
 Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*  
 Gas Gathering System: \_\_\_\_\_  
 Saltwater Disposal Well - Permit No.: \_\_\_\_\_  
 Spot Location: \_\_\_\_\_ feet from  N /  S Line  
 \_\_\_\_\_ feet from  E /  W Line  
 Enhanced Recovery Project Permit No.: \_\_\_\_\_  
 Entire Project:  Yes  No  
 Number of Injection Wells \_\_\_\_\_ \*\*  
 Field Name: Wellsville

Effective Date of Transfer: June 1, 2011  
 KS Dept of Revenue Lease No.: 440057 121250 ✓  
 Lease Name: West  
 \_\_\_\_\_ Sec. 1 Twp. 16 R. 21  E  W  
 Legal Description of Lease: E 1/2  
 County: Miami  
 Production Zone(s): Squirrel  
 Injection Zone(s): \_\_\_\_\_

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

Surface Pit Permit No.: P04259  
(API No. if Drill Pit, WO or Haul)  
Added per oper # 7208 (License)  
 Type of Pit:  Emergency  Burn  Settling  Haul-Off  Workover  Drilling

2680 feet from  N /  S Line of Section  
1390 feet from  E /  W Line of Section

Past Operator's License No. 7208 Exp. 6/30/11  
 Past Operator's Name & Address: Lorraine G. Cleaver (deceased)  
c/o Cathy Cook 14120 W. 83rd St, Lenexa, KS 66215  
 Title: Executive of Estate

Contact Person: Cathy Cook  
 Phone: 913-888-8254  
 Date: June 27, 2011  
 Signature: Cathy Cleaver Cook

New Operator's License No. 6648  
 New Operator's Name & Address: John L. Haas  
14300 Russell, Overland Park, Kansas 66223  
 Title: Operator

Contact Person: John Haas  
 Phone: 913-402-0998  
 Oil / Gas Purchaser: Plains Marketing, LC  
 Date: 6/24/11  
 Signature: John L. Haas

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JUN 29 2011

**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pit permit # \_\_\_\_\_ 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.

\_\_\_\_\_ is acknowledged as  
 the new operator and may continue to inject fluids as authorized by  
 Permit No.: \_\_\_\_\_ . Recommended action: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Authorized Signature

John L. Haas is acknowledged as  
 the new operator of the above named lease containing the surface pit  
 permitted by No.: P04259 .  
 Date: 9-29-11 Olivia Ruzsa  
 \_\_\_\_\_  
 Authorized Signature

cc Kathy ✓

DISTRICT _____	EPR <u>9-29-11</u>	PRODUCTION <u>10-03-11</u>	UIC <u>9-3-11</u>
Mail to: Past Operator <u>10-6-11</u>	New Operator <u>10-6-11</u>	District <u>10-6-11</u>	

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

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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 # 6648  
Name: John L. Haas  
Address 1: 14300 Russell  
Address 2: \_\_\_\_\_  
City: Overland Park State: KS Zip: 66223 + \_\_\_\_\_  
Contact Person: John L. Haas  
Phone: ( 913 ) 402-0998 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
NE 1/4 SE 1/4 - Sec. 1 Twp. 16 S. R. 21  East  West  
County: Miami  
Lease Name: West Well #: 6

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

E 1/2

**Surface Owner Information:**

Name: Oscar D. West, Thelma I. West  
Address 1: 39538 W. 247th Road  
Address 2: \_\_\_\_\_  
City: Wellsville State: KS Zip: 66092 + \_\_\_\_\_

*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: June 1, 2011 Signature of Operator or Agent: John L. Haas Title: Owner

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JUN 29 2011

KCC WICHITA