

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 1 **
- ☐ 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: Singley

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

Effective Date of Transfer: June 29, 2011 7/2/11

KS Dept of Revenue Lease No.: 109208 OK

Lease Name: W.B. Fox #1

SE - NE - SE - NW Sec. 32 Twp. 33 R. 29 ☐ E ☒ W

Legal Description of Lease: NW4 Sect. 32T33S R29W

County: MEADE

Production Zone(s): MORROW

Injection Zone(s): _____

Surface Pit Permit No.: N/A
(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. 7135 Exp. 6/30/11

Past Operator's Name & Address: Wendell B. Fox, Jr.
P.O. Box 579, Plains, KS. 67869-0579

Title: Operator

Contact Person: Warren F. Fox

Phone: (620) 563-7739

Date: June 29, 2011

Signature: [Signature]

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New Operator's License No. Applied For 34578V

New Operator's Name & Address: Warren F. Fox Family Trust
8199 X Road
Plains, KS. 67869-9123

Title: Operator

Contact Person: Warren F. Fox

Phone: (620) 563-7739

Oil / Gas Purchaser: N.C.R.A.

Date: June 29, 2011

Signature: [Signature]

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # N/A 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.

N/A is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: _____ . Recommended action: _____
Date: _____
Authorized Signature

N/A is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____ .
Date: _____
Authorized Signature

DISTRICT _____ EPR 10-11-11 PRODUCTION 10-13-11 UIC 10-12-11
Mail to: Past Operator _____ New Operator X District _____

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

070211 ME Fox 1.pdf

* Lease Name: W.B. Fox #1

* Location: SE NE SE NW of Sect. 32-33S-29W

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* 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.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 7135
Name: Wendell B. Fox, Jr.
Address 1: P.O. Box 579
Address 2: _____
City: Plains State: KS. Zip: 67869 + 0579
Contact Person: Warren F. Fox
Phone: (620) 563-7739 Fax: (620) 563-7044
Email Address: wsfox2@swko.net

Well Location:
SE NE SE NW Sec. 32 Twp. 33 S. R. 29 ☐ East ☒ West
County: MEADE
Lease Name: W.B. FOX Well #: 1

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

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KCC WICHITA

Surface Owner Information:

Name: ABC Trust, LP and LAL Trust, LP
Address 1: 8199 X Road
Address 2: _____
City: Plains, State: KS. Zip: 67869 + 9123

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 29, 2011 Signature of Operator or Agent: [Signature] Title: Operator

BILL OF SALE

SELLER'S

Printed Name: Wendell B. Fox, Jr.

Address: P.O. Box 579

City: Plains,

State: KANSAS

Zip Code: 67869

BUYER'S

Printed Name: WARREN F. FOX

Address: 8199 X Road

City: Plains,

State: KANSAS

Zip Code: 67869-9123

PROPERTY INFORMATION

Description: One (1) oil well, located in NE SE NW of KCC WICHITA
Section 32-33S-29W, called W.B. Fox #1

Purchase Price: 1.00 Date of Sale: June 28, 2011

By our signatures, we swear and affirm the above stated purchase price is true and accurate under penalty of perjury. I am aware that the law provides severe penalties for making false statements under oath.

Seller's Signature: [Signature] Date: 6-29-11

Buyer's Signature: [Signature] Date: 6-29-11

Subscribed and sworn to before me this 29th day of June 20 11
Deborah S. Benjamin My Commission Expires 05-15-2014

