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

Check Applicable Boxes: MUST be subm	nitted with this form.			
Oil Lease: No. of Oil Wells 4 **	Effective Date of Transfer: 8114 9/1/1993			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:			
Gas Gathering System:	1 2			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	I NW NF Sec 36- T34S- R10F			
Enhanced Recovery Project Permit No.:	Legal Description of Lease:			
Entire Project: Yes No	Chautaugua			
Number of Injection Wells **	County: Chautauqua Production Zone(s): Wayside Injection Zone(s):			
Field Name: Elgin				
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:	feet from N / S Line of Section			
(API No. if Drill Pit, WO or Haul)	feet from F / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling			
Past Operator's License No. 6433	Contact Person: P. J. Buck			
Past Operator's Name & Address: Paul Jordan Buck	Phone: 620-725-3636			
P.O. Box 68 Sedan, KS 67361	Date: 8 - 23-1/			
Title: Agent	Signature: 5. Por			
21202	P. I. Buck			
New Operator's License No. 31302	Contact Person: P. J. Buck			
New Operator's Name & Address: Jones & Buck Development	Phone: 620-725-3636 RECEIVED			
P.O. Box 68 Sedan, KS 67361	Oil / Gas Purchaser: Coffeyville Resources AUG 2 6 2011			
	Date: 8-23-//			
Title: Agent	Signature: S. Log KCC WICHITA			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been			
- · · · · · · · · · · · · · · · · · · ·	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the				
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.: Recommended action:	permitted by No.:			
Dili	Dato			
Date: Authorized Signature	Date:			
DISTRICT EPR 10-4-11	PRODUCTION 10.05-11 UIC 10-4-11			
· ·	ator District			

Side Two

Must Be Filed For All Wells

KDOR Lease	e No.:				
* Lease Name	Rutledge		* Location:^	NW NE Sec 36- T34S- I	R10E
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)
1	15-019-26115 /	<i>Circle</i> 5115 FSIVFNL	2475 Circle	oi1	prod
2	15-019-26153 /	4830 (FSD FNL	2475 FE)/FWL	oil	prod
3	15-019-26166 /	4530 (FS)/FNL	2475 FE)/FWL	oil	prod
4	15-019-26458	5115 (FŚDFNL	2300 FED FWL	Drilled by #3130:	z in 1997 prod
		FSL/FNL	FEL/FWL		·
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		<u>·</u>
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		AUG 2 6 2011
		FSL/FNL	FEL/FWL		KCC WICHITA
		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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 31302	Well Location:			
Name: Jones & Buck Development	Sec TwpS. R			
Address 1: P.O. Box 68	County: Chautauqua			
Address 2:	Lease Name: Rutledge Well #:			
City: Sedan State: KS Zip: 67361 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: NW NE Sec 36- T34S- R10E			
Contact Person, P. J. Buck				
Phone: (620) 725-3636 Fax: (620) 725-3662				
Email Address: jonesbuck103@yahoo.com				
Surface Owner Information: Name: Jack Rutledge Address 1: R. R. 2 Address 2:	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.			
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, a	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this			
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge 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.			
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief. AUG 2 6 2011			
Date: 8-23-1/ Signature of Operator or Agent:	a' "			