

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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.

Form T-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

Check Applicable Boxes:

☐ Oil Lease: No. of Oil Wells _____ **

☒ Gas Lease: No. of Gas Wells 2 **

☐ 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: _____

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

Effective Date of Transfer: August 31, 2011

KS Dept of Revenue Lease No.: 205373 ✓
206023 ✓

Lease Name: Massey

_____ W/2 Sec. 9 Twp. 25 R. 16 ☐ E ☒ W

Legal Description of Lease: W/2 of Section 9-T25-R16W

County: Edwards

Production Zone(s): LKC, Kinderhook

Injection Zone(s): _____

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling

☐ Haul-Off ☐ Workover ☒ Drilling OK

Past Operator's License No. 34080 ✓

Past Operator's Name & Address: Geo. R. Shaw Living Trust

150 N. Main, Suite 1001 Wichita, KS 67202

Trustee
Title: _____

Contact Person: Ron Osterbuh

Phone: 620-275-7888

Date: 8-31-11

Signature: Betty B. Shaw

New Operator's License No. 3911 ✓

New Operator's Name & Address: RAMA Operating Co., Inc.

P.O. Box 159 Stafford, KS. 67578

Title: VP

Contact Person: Robin L. Austin

Phone: 620-234-5191

Oil / Gas Purchaser: _____

Date: 8-18-2011

Signature: [Signature]

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SEP 15 2011

KCC WICHITA

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

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____

Authorized Signature

DISTRICT _____

EPR 11-02-11

PRODUCTION 11-03-11

UIC 11-3-11

Mail to: Past Operator _____

New Operator _____

District _____

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

Side Two

Must Be Filed For All Wells

* Lease Name: **Massey**

* Location: **W/2 of 9-25-16w**

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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 34080
Name: Geo. R. Shaw Living Trust
Address 1: 150 N. Main
Address 2: Suite 1001
City: Wichita State: KS Zip: 67202
Contact Person: Ginny Alden
Phone: (316) 267-0382 Fax: (316) 267-0383
Email Address: none

Well Location:
W/2Sec. 9 Twp. 25 S. R. 16 ☐ East ☒ West
County: Edwards
Lease Name: Massey Well #: 1 & A-1

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

W/2 Section 9, Township 25
South, Range 16 West, Edwards
County, Kansas

Surface Owner Information:

Name: Donna R. Newsom and Karen Moore
~~Address~~ Revocable Trust*
Address 1072 210 th Avenue
City: Lewis State: KS Zip: 67552+
*c/o Donna R. Newsom

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: 9/13/2011 Signature of Operator or Agent: David W. Michel Title: _____

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

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