KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

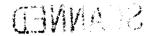
Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Check Applicable Boxes:	Let with this form.			
✓ Oil Lease: No. of Oil Wells**	Effective Date of Transfer: August 23rd 2011			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 124134 Lease Name: Newby			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	Legal Description of Lease: SW south of River except W2 SW SW &			
feet from E / W Line	Legal Description of Lease: SE west of River S3 T30 R15E & N2 NE & SW NE & NW SE S10 T30 R15E			
Enhanced Recovery Project Permit No.:	County: Wilson Production Zone(s):			
Entire Project: Yes No				
Number of Injection Wells**				
Field Name:				
** Side Two Must Be Completed.				
	feet from N / S Line of Section			
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling			
Past Operator's License No. 5545 Exp. 6/30/11	Contact Person: Everett Morris			
Past Operator's Name & Address: Morris, Everett E., a General Partnership	Phone: (620) 378-3249 Date: 1 - 2 - 1			
9133 1000 RD Fredonia, KS 66736				
	Growth - Plans			
Title: Owner	Signature:			
New Operator's License No	Contact Person: Bryan Marshall RECFIVE			
	Phone: (620) 750-0058			
New Operator's Name & Address: Marshall, Lew L.	NOV 2 A 2			
314 E 1st P.O. Box 306	Oil / Gas Purchaser: Plains Marketing			
Eureka, KS 67045	Date: 11-23-11 KCC WICH Signature: By Manhul			
Title: Owner	Signature: Daya Manhol			
	J			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been			
noted, approved and duly recorded in the records of the Kansas Corporation	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.:			
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR1_36-/	PRODUCTION 12.01.11 uic 12-01-11			
Mail to: Past Operator New Oper	rator District			

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

Side Two

Must Be Filed For All Wells



KDOR Lease No.: 124134 Lease Name: Newby		* Location: S3 T30 R15E			
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)
7 15-205-23302 🗸	Circle 484 FSL/FNL	4357 Circle	Oil Producer		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
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water and the second se					
		FSL/FNL	FEL/FW	<u> </u>	
		FSL/FNL	FEL/FW	r	

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

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 (Ca	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)	
OPERATOR: License # 5409	Well Location:	
Name: Marshall, Lew L.		
Address 1: 314 E 1st P.O. Box 306	County: Wilson	
Address 2:	Lease Name: Newby Well #:	
City: Eureka State: KS Zip: 67045 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of	
Contact Person: Bryan Marshall	the lease below:	
Phone: (620) 750-0058 Fax: ()	SW south of River except W2 SW SW & SE west of River S3 T30 R15E & N2 NE & SW	
Email Address:	NE & NW SE S10 T30 R15E	
Surface Owner Information: Name: Joseph & Carol Newby Address 1: 3345 80th Rd 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.	
City Citate	NOV 2 9 2011	
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	balleries, pipelines, and electrical lines. The locations shown on the plat	
▼ I certify that, pursuant to the Kansas Surface Owner Notice Acomer(s) of the land upon which the subject well is or will be lo 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, and accompanient of the control of the contr	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	
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.	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 to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	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 Date: 11-3-4-11 Signature of Operator or Agent:	the best of my knowledge and belief. Title:	