

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 9 **

☐ 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: Paola-Rantoul

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

Effective Date of Transfer: 9/1/2011

KS Dept of Revenue Lease No.: 100542

Lease Name: Patterson

_____ SW - SW - NE Sec. 32 Twp. 15 R. 21 ☒ E ☐ W

Legal Description of Lease: NE/4 of Sec. 32-15S-R21E

County: Franklin

Production Zone(s): Squirrel

Injection Zone(s): Squirrel

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

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling

☐ Haul-Off ☐ Workover ☐ Drilling OR

Past Operator's License No. 34028 ✓

Past Operator's Name & Address: Triple T Oil, LLC

PO Box 339 Louisburg, KS 66053

Title: President

Contact Person: Lance Town

Phone: 913-837-8400

Date: 10/10/2011

Signature: Lance Town

New Operator's License No. 34595 ✓

New Operator's Name & Address: TNT Energy, LLC

28906 Orchard Road Paola, KS 66071

Title: President

Contact Person: Mick Town

Phone: 913-285-1406

Oil / Gas Purchaser: Pacer Energy Marketing

Date: 10/10/2011

Signature: [Signature] KCC WICHITA

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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 11-17-11

PRODUCTION 11-18-11

UIC 11-18-11

Mail to: Past Operator _____

New Operator _____

District _____

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

Must Be Filed For All Wells

KDOR Lease No.: 100542 ✓

* Lease Name: Patterson

* Location: NE/4

[illegible]

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.

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KANSAS CORPORATION COMMISSION
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Form KSONA-1
July 2010
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**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 # 34028
Name: Triple T Oil, LLC
Address 1: PO Box 339
Address 2: _____
City: Louisburg State: KS Zip: 66053 + _____
Contact Person: Lori Driskell
Phone: (913) 837-8400 Fax: (913) 837-3997
Email Address: loridriskell@yahoo.com

Well Location:
_____SW_____SW_____NE Sec. 32 Twp. 15 S. R. 21 ☒ East ☐ West
County: Franklin
Lease Name: Patterson Well #: _____

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

NE/4 of Sec. 32-15S-R21E

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Surface Owner Information:

Name: Cecil and Julia Reed
Address 1: 4430 Stafford 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: 10/11/2011 Signature of Operator or Agent: Lori Driskell Title: Agent

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Name: Triple T Oil, LLC
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City: Louisburg State: KS Zip: 66053 + _____
Contact Person: Lori Driskell
Phone: (913) 837-8400 Fax: (913) 837-3997
Email Address: loridriskell@yahoo.com

Well Location:
_____SW_____SW_____NE Sec. 32 Twp. 15 S. R. 21 ☒ East ☐ West
County: Franklin
Lease Name: Patterson Well #: _____

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

NE/4 of Sec. 32-15S-R21E

Surface Owner Information:

Name: Richard and Marsha Williams
Address 1: 4415 Shawnee Terr.
Address 2: _____
City: Wellsville State: KS Zip: 66092 + _____

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County: Franklin
Lease Name: Patterson Well #: _____
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NE/4 of Sec. 32-15S-R21E

Surface Owner Information:

Name: Twight and Ann Thuro
Address 1: 1405 E. 28th Terr.
Address 2: _____
City: Lawrence State: KS Zip: 66046 + _____

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