# COPY

### 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 Effective Date of Transfer: 9-17-10 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 108460 Gas Gathering System: Lease Name: FRANK C SANDER Saltwater Disposal Well - Permit No.: See Page 2 Sec. 10 Twp. 14 R. 17 EVW feet from N / S Line Legal Description of Lease: SE SW NW feet from E / W Line 1 Enhanced Recovery Project Permit No.: \_ Entire Project: Yes No County: Ellis Number of Injection Wells Production Zone(s): Arbuckle Field Name: Toulon Arbuckle/Cedar Hills Injection Zone(s): \* Side Two Must Be Completed. Surface Pit Permit No.: feet from N / S Line of Section (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 OK 8507 V Past Operator's License No. Jay Clark Contact Person: Past Operator's Name & Address: Paxco, Inc. Phone: 316-634-1714 8920 Peppertree Circle, Wichita, KS 67226 Title: Owner 32504 1/ New Operator's License No. Contact Person: Aaron J Werth **Blackhawk Production Company** New Operator's Name & Address: Phone: 785-625-2041 1607 Oakmont St., Hays, KS 67601 Oil / Gas Purchaser: Plains Marketing Title: Owner/Operator Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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. Production Crush 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 Recommended action: permitted by No.: SUDU Authorized Signature Authorized Signature DISTRICT **PRODUCTION** Mail to: Past Operator

#### Side Two

#### Must Be Filed For All Wells



KDOR Lease No.: 108460

\* Lease Name: FRANK C SANDER \*Location: SE SW NW 10-14-17 W

	*Location: SE SW NW 10-14-17 W					
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo	Section Line	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
4	15-051-20450 🗸	3580 Circle	4361 Circle	Oil	ŕ	
5	15-051-20672 /	3744 RSDFNL			Prod	
6	15-051-20673	4040 -	_	Oil	Prod	
8	15-051-20463-0001 ×	2673 ESUM	E400		Prod	
11	15-051-25842	1628 FSL/FNI		INJSWD	PA 6-07-11 DIE	
12	15-051-25871	2172 FSLIFNI	4950 FE P 447 FELFWL	Oil er feurnit SWD	<u>Prod</u>	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL _			
		FSL/FNL _	FEL/FWL			
		FSL/FNL _	FEL/FWL _			
-	-	FSL/FNL_				
-		FSL/FNL _	FEL/FWL _		RECEIVED	
		FSL/FNL _	FEL/FWL _			
		FSL/FNL	FEL/FWL		KCC WICHITA	
		FSL/FNL	FEL/FWL		WICHITA	
		FSL/FNL	FEL/FWL		DECENT	
		FSL/FNL	FEUFWL		NE CEIVED	
		FSL/FNL	FEL/FWL		SEP 2 2 2011	
		FSL/FNL	FEL/FWL	,	KCC WICHITA	
-		FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
parate sheet ma		FSL/FNL	EEL (EIAA			

<sup>\*</sup>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

#### 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) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 32504	Well Location:
Name: Blackhawk Production Co. Address 1. 1107 Oakmon4 St.	SE. SW. NW Sec. 10 Twp. 14 S. R. 17 East West
Address 2:	Lease Name: Frank C Sander Well #:
City: Hays State: KS Zip: 6760+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Haron J Werth	the lease below:
Phone: (785) 625-2041 Fax: (785) 650-0601  Email Address: (WENHO (Wall), net	NW/4
Surface Owner Information:	
Name: Allen Hammer schmidt Address 1: 3003 Spring Hill Rd Address 2:	When filing a Form T-1 involving multiple surface owners, alta is a positional 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 treasure.
city: Victoria stateKS ziple71671+	KCC WICHITA
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 or	batteries, pipelines, and electrical lines. The locations shown on the plat
Select one of the following:	
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loced CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and	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 for the surface of the surface own	ner(s). To mitigate the additional cost of the KCC performing this
f 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-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
hereby certify that the statements made herein are true and correct to the	
ate: 10-1-11 Signature of Operator or Agent:	1. West Title: Owner/operator
•	