07 2711_Buchla.po

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 ____1 Effective Date of Transfer: Gas Lease: No. of Gas Wells ____ KS Dept of Revenue Lease No.: Gas Gathering System:_ Lease Name: Buchli Saltwater Disposal Well - Permit No.: ____ - SE - SW - SE Sec. 2 Twp. 15S R. 10 _____feet from N / S Line Legal Description of Lease: E/2 of Sec. 2, 15S., 10E. feet from E / W Line Enhanced Recovery Project Permit No.: County: _Wabaunsee Entire Project: Yes No Number of Injection Wells _ Production Zone(s): Hunton, Viola Field Name: Woodbury 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 Sam Mays III Past Operator's License No. Contact Person: Phone: 918-382-9170 Sam W. Mays, Jr. Past Operator's Name & Address: Date: ____8/31/2011 427 So. Boston Ave. Suite 505, Tulsa, OK 74103 Title: Personal Representative of Sam Mays, Jr. Estate Sam W. Mays III New Operator's License No. . Contact Person: New Operator's Name & Address: Sam W. Mays, Jr. LLC. Phone: 918-382-9170 427 South Boston Ave. Suite 505 Oil / Gas Purchaser: Pacer Energy Management Date: 8/31/2011 Tulsa, OK 74103 Title: Managing Member Signature: 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. 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 _____ . Recommended action: permitted by No.: _ Date: Authorized Signature Authorized Signature DISTRICT . PRODUCTION Mail to: Past Operator **New Operator**



Side Two

Must Be Filed For All Wells

KDOR Lease No.: 102800

* Lease Name:	Buchli		* Location:	2-15-10) <u>E</u>
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	15-197-02004 /	Circle 320 Circle	L 1600 FEDFWL	Oil	Prod
	The state of the s	FSL/FN	LFEL/FWL		
		FSL/FN	LFEL/FWL		_
		FSL/FN	L FEL/FWL	-	
		FSL/FN	LFEL/FWL		
	Marcal IPA P	FSL/FN	L FEL/FWL		
		F\$L/FN	L FEL/FWL	,	
		FSL/FN	LFEL/FWL		
		FSL/FN	L FEL/FWL		
	***	F\$L/FN	LFEL/FWL		.
		FSL/FN	LFEL/FWL		
		FSL/FN	LFEL/FWL		
		FSL/FN	L FEL/FWL		
		FSL/FN	LFEL/FWL		
		FSL/FN	L FEL/FWL		
	· · · · · · · · · · · · · · · · · · ·	FSL/FN	L ·FEL/FWL		
			L FEL/FWL		
		FSL/FN	LFEL/FWL		
		FSL/FN	LFEL/FWL		
			LFEL/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 flied. O'T (ment) O'S'T	(Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 34503	Well Location:		
Name: Sam W. Mays, Jr. LLC. Address 1: 427 South Boston Ave. Suite 505	<u>.SE_SW_SE_Sec. 2 </u>		
Address 1: 427 South Boston Ave. Suite 505	County, Wabaunsee		
Address 2. Suite 505	Lease Name: BUCHLI Well #: 1		
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: SE SW SE of Sec. 2, 15S, 10E, in Wabaunsee County, Kansas		
Contact Person: Sam W. Mays III			
Phone: (918) 382-9170 Fax: ()			
City: Tulsa State: OK Zip: 74103 + Contact Person: Sam W. Mays III Phone: (918) 382-9170 Fax: () Email Address: maysoil.sam@gmail.com			
Surface Owner Information: Name: Charles B. Taylor III Address 1: 1829 E. 1150 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 treasurer.		
the KCC with a plat showing the predicted locations of lease roads, tan	odic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will be in CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a	Act (House Bill 2032), I have provided the following to the surface 201 located: 1) a copy of the Form C-1, Form CB-1, Form CB-1 or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by Afficiand email address.		
	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gee, 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-1-1 will be returned.		
I hereby certify that the statements made herein are true and correct to			
Date: Aug. 31, 2011 Signature of Operator or Agent:	Mays III Managing Member		