

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 8 **
☐ 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.: E-10,704
Entire Project: ☒ Yes ☐ No
Number of Injection Wells 3 **

Field Name: Paola-Rantoul

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

Effective Date of Transfer: 8-1-11 *g*

KS Dept of Revenue Lease No.: 100597

Lease Name: Carter

SE Sec. 29 Twp. 17 R. 23 ☒ E ☐ W

Legal Description of Lease: SE/4 Sec.29-17S-R23E except
a tract 100' square

County: Miami

Production Zone(s): Peru

Injection Zone(s): Peru

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

_____ feet from ☐ N / ☐ S Line of Section

_____ feet from ☐ E / ☐ W Line of Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling *OK*

Past Operator's License No. 6142 /

Contact Person: Lester Town

Past Operator's Name & Address: Town Oil Company, Inc.

Phone: 913-294-2125

16205 W. 287th Street Paola, KS 66071

Date: 11-10-11

Title: President

Signature: Lester Town

New Operator's License No. 34350 /

Contact Person: Doug Evans

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New Operator's Name & Address: Altavista Energy, Inc.

Phone: 785-883-4057

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PO Box 128 Wellsville, KS 66092

Oil / Gas Purchaser: Coffeyville Resources

KCC WICHITA

Title: President

Date: 11/10/11

Signature: Doug Evans

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 1/10/12 PRODUCTION 1.12.12 UIC 1-12-12
Mail to: Past Operator _____ New Operator _____ District _____

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

✓

KDOR Lease No.: 100597

* Lease Name: Carter

* Location: 100' Square Miami Co.

* Unauthorized Injections
Need Shut IN + Applications
Applied for Injection

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* 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 filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 6142
Name: Town Oil Company, Inc.
Address 1: 16205 W. 287th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____
Contact Person: Lester Town
Phone: (913) 294-2125 Fax: (913) 294-4823
Email Address: _____

Well Location:
_____ SE Sec. 29 Twp. 17 S. R. 23 ☒ East ☐ West

County: Miami

Lease Name: Carter Well #: _____

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

**SE/4 Sec.29-17S-23E Except a tract 100'square
Miami Co.**

Surface Owner Information:

Name: Helen Carter
Address 1: 32436 Old KC Rd
Address 2: _____
City: Paola State: KS Zip: 66071 + _____

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: 8-26-11 Signature of Operator or Agent: Roberta Town Title: Agent

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01: PACER ENERGY MARKETING LLC
WM03W-Print Division of Interest

DIVISION OF INTEREST - ACTIVE - CHAIN OF TITLE - HISTORICAL - ASSIGNMENTS WM03W:142 PAGE: 2

TEENA 09:41-AM MAY 26,2011

WELL #	CO-OWNER NAME	ACCT/WELL	BEFORE	AFTER	PRODUCTION	OIL REVENUE	GAS REVENUE	INTEREST
		RP CYCLE TE	CASING	CASING	JIB	PAY-INTEREST	PAY-INTEREST	TYPE

560722 CARTER * ACTIVE DOI * ASSIGNMENT PROCESSED THRU: 0511

TOWN OIL CO KS:MIAM-001-017S-023E
999997 NO PAY 1.00000000 1.00000000 1.00000000

CAR418 CARTER, HELEN 3 .12500000 3 .12500000 ROYALTY
32436 OLD KC RD
PAOLA, KS 66071

TOW315 TOWN OIL CO 4 3 .87500000 3 .87500000 WORKING
16205 W 287TH ST
PAOLA, KS 66071

***** TOTAL WELL INTEREST ***** OIL & GAS SAME 1.00000000 1.00000000 1.00000000 1.00000000 1.00000000
TAX METHOD:JIB PAYS[N] EXEMPT ROP[NNN] TOTAL OWNERS 1 .87500000 .87500000 WORKING
DED METHOD:JIB PAYS[N] EXEMPT ROP[NNN] TOTAL OWNERS 1 .12500000 .12500000 ROYALTY
** TOTAL DISTRIBUTABLE INTEREST ** 1.00000000 1.00000000
***** TOTAL NET J.I.B. *****

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