

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form K-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 10 7 oil **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☐ Saltwater Disposal Well - Permit No.: 15-019-25853-D25850
Spot Location: 825 feet from ☒ N / ☐ S Line
3135 feet from ☐ E / ☒ W Line
☐ Enhanced Recovery Project Permit No.: E26605
Entire Project: ☐ Yes ☐ No
Number of Injection Wells 4 **

Field Name: PERU/SEDAN

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

Effective Date of Transfer: 11/25/11

KS Dept of Revenue Lease No.: 129721

Lease Name: RISING A

SW - NE - SE - SW Sec. 1 Twp. 34 R. 12 ☒ E ☐ W

Legal Description of Lease: SW/4 - 1-34-12E

NW/4

County: CHAUTAUQUA

Production Zone(s): PERU/SEDAN

Injection Zone(s): MISSISSIPPI

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. 34496

Past Operator's Name & Address: WOLFE OIL INC
POBOX 5 PERU, KS 67360

Title: OWNER

Contact Person: DONNA WOLFE

Phone: 620-404-0145

Date: 11/25/11

Signature: Donna Wolfe

New Operator's License No. 34576

New Operator's Name & Address: CHRIS HENDERSON
POBOX 1477

PAWHUSKA, OK 74056

Title: OWNER

Contact Person: CHRIS HENDERSON

Phone: 918-527-2300

Oil / Gas Purchaser: COFFEYVILLE RESOURCES

Date: 11/25/11

Signature: C. Henderson

RECEIVED

DEC 08 2011

KCC WICHITA

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.

Henderson, Chris is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-26-605. Recommended action: Violation
Need U3C for 2008-2010
Date: 12-23-11 Chris Henderson
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 12/22/11 PRODUCTION 1-11-12 UIC 12-23-11
Mail to: Past Operator 12-23-11 New Operator 12-23-11 District (3) 12-23-11

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form 7-1
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 10 7011 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☐ Saltwater Disposal Well - Permit No.: 15-019-25853 D25850
Spot Location: 825 feet from ☒ N / ☐ S Line
3135 feet from ☐ E / ☒ W Line
☐ Enhanced Recovery Project Permit No.: E26605
Entire Project: ☐ Yes ☐ No
Number of Injection Wells 4 **

Field Name: PERU/SEDAN

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

Effective Date of Transfer: 11/25/11

KS Dept of Revenue Lease No.: 129721 10

Lease Name: RISING A

SW NE SE SW Sec. 1 Twp. 34 R. 12 ☒ E ☐ W

Legal Description of Lease: SW/4 - 1-34-12E
NW/4

County: CHAUTAUQUA

Production Zone(s): PERU/SEDAN

Injection Zone(s): MISSISSIPPI

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. 34496/

Past Operator's Name & Address: WOLFE OIL INC

POBOX 5 PERU, KS 67360

Title: OWNER

Contact Person: DONNA WOLFE

Phone: 620-404-0145

Date: 11/25/11

Signature: Donna Wolfe

New Operator's License No. 34576 ✓

New Operator's Name & Address: CHRIS HENDERSON

POBOX 1477

PAWHUSKA, OK 74056

Title: OWNER

Contact Person: CHRIS HENDERSON

Phone: 918-527-2300

Oil / Gas Purchaser: COFFEYVILLE RESOURCES

Date: 11/25/11

Signature: C. Henderson

RECEIVED

DEC 08 2011

KCC WICHITA

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 12/22/11 PRODUCTION 12.27.11 UIC 11-2341
Mail to: Past Operator _____ New Operator _____ District _____

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

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 # 34576
Name: CHRIS HENDERSON
Address 1: P.O. BOX 1477
Address 2: _____
City: PAWHUSKA State: OK Zip: 74056 + _____
Contact Person: CHRIS HENDERSON
Phone: (918) 527-2300 Fax: (_____) _____
Email Address: _____

Well Location:
SW NE SW Sec. 1 Twp. 34 S. R. 12 ☒ East ☐ West
County: CHAUTAUQUA
Lease Name: RISING A Well #: _____

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

SW/4, NW/4

Surface Owner Information:

Name: RON ILERTS
Address 1: 1008 E. 134TH AVE.
Address 2: _____
City: MULVANE State: KS Zip: 67110 + _____

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: 11/25/11 Signature of Operator or Agent:  Title: OWNER

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DEC 08 2011
KCC WICHITA