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: December 1, 2011
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 31528- 136238 VOR
Gas Gathering System:	Lease Name: Miner #10
Saltwater Disposal Well - Permit No.:	Sec. 35 Twp. 198 R. 10 FEV W
Spot Location: feet from N / S Line	larrand Ir.
feet from E / W Line	Legal Description of Lease: SE/4
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Rice
Number of Injection Wells	Production Zone(s): Arbuckle
Field Name: Chase-Silica	Injection Zone(s):
** Side Two Must Be Completed.	mjostot Zoto(s).
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling OF
Past Operator's License No. 5210 /	Contact Person: Wayne Lebsack
Past Operator's Name & Address: Lebsack Oil Production, Inc.	Phone: 620-791-7647
P.O. Box 354 Chase Kansas 67524	
Title: President	Date: $\frac{12}{13} \frac{2011}{2011}$
lifte: 1100dd/ft	Signatural augustus and
New Operator's License No. 31528	Contact Person: Mike Kelso
New Operator's Name & Address: Mike Kelso Oil, Inc.	Phone: 620-562-8088
P.O. Box 467 Chase, Kansas 67524	Oil / Gas Purchaser: Plains Marketing LP
	Date: /2/13/20/1 DEC 15 2
Title: President	Signature: JULY JULY KCC WICH
Acknowledgment of Transfer: The above request for transfer of injection	
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
Permit No.: Recommended action:	· · ·
. Hecommended action:	permitted by No.:
Date:	Date:
Authorized Signature,	Authorized Signature
DISTRICT EPR 2/10/12	PRODUCTION 02.13.12 UIC 2-13-12
	or District

证据MA(12)

Must Be Filed For All Wells

* Lease Name:	Miner #10		* Location: SE/4 Sw4. 35-19S-10W Rice County			
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	
10	15-159-22412	2475 Circle	1150 Circle	Oil	Shut-in	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
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	-	FSL/FNL	FEL/FWL			
					RECENT	
					DEC 1 5 2011	
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				17 2 5	HOC MICHITA	
		*				

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.

OPERATOR: License # ***********************************	Well Location:		
Name: Mike Kelso Oil, Inc.	well Location:SE_4Sec, 34 _Twp, 19S. R. 10East ▼ West		
OPERATOR: License # 31528 Name: Mike Kelso Oil, Inc. Address 1: P.O. Box 467	County: Rice	S. H East X West	
Address 0:	. Miner	Well #: 10	
City: Chase State: KS Zip: 67524 + 0467	If filing a Form T.1 for multiple walls are		
Contact Person: Mike Kelso	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease-below:		
City: Chase State: KS Zip: 67524 + 0467 Contact Person: Mike Kelso Phone: (620) 562-8088 Fax: (620) 938-294			
Email Address:			
Surface Owner Information:			
Name: Virginia Sieker	When filing a Form T-1 involving multiple surface owners, attach an additional		
Name: Virginia Sieker Address 1: 604 Isern Street	sheet listing all of the information to the le owner information can be found in the rec	ords of the register of deeds for the	
Address 2:	county, and in the real estate property tax	records of the county treasurer.	
City: Ellinwood State: KS Zip: 67526 +			
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I CP-1 that I am filling in connection with this form; 2) if the form	ocated: 1) a copy of the Form C-1, Form (being filed is a Form C-1 or Form CB-1, th	CB-1. Form T-1, or Form	
form; and 3) my operator name, address, phone number, fax, a		s place of required by tills	
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner task, I acknowledge that I am being charged a \$30.00 handling	acknowledge that, because I have not provi	ded this information, the	
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface over	acknowledge that, because I have not provi wner(s). To mitigate the additional cost of to gree, payable to the KCC, which is enclose	ded this information, the he KCC performing this d with this form.	
☐ I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling. 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-I hereby certify that the statements made herein are true and correct to	acknowledge that, because I have not provi wher(s). To mitigate the additional cost of to gree, payable to the KCC, which is enclose fee with this form. If the fee is not received to will be returned.	ded this information, the he KCC performing this d with this form. d with this form, the KSONA-1	
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