

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 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☒ Saltwater Disposal Well - Permit No.: DX-21,461
Spot Location: 330 feet from ☐ N / ☒ S Line
1750 feet from ☒ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: _____
Entire Project: ☐ Yes ☐ No
Number of Injection Wells _____ **
Field Name: Pierce

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

Effective Date of Transfer: 01/01/2012
KS Dept of Revenue Lease No.: 114483 ✓
Lease Name: Varner
Sec. 17 Twp. 25 R. 4 ☒ E ☐ W
Legal Description of Lease: SE/4
County: Butler
Production Zone(s): Mississippi
Injection Zone(s): _____

Surface Pit Permit No.: P04466, P04478
(API No. if Drill Pit, WO or Haul)
Added per Dan Flowers 1/27/12
Type of Pit: ☒ Emergency ☐ Burn ☐ Settling

330, 390 feet from ☐ N / ☒ S Line of Section
1750, 2310 feet from ☐ E / ☐ W Line of Section
☐ Haul-Off ☐ Workover ☐ Drilling

Past Operator's License No. 6407 ✓
Past Operator's Name & Address: Flowers Production Co., Inc.
P.O. Box 249, El Dorado, KS 67042
Title: President

Contact Person: Dallas Flowers
Phone: 316-321-0550
Date: 12-13-11
Signature: [Signature]

New Operator's License No. 34569 ✓
New Operator's Name & Address: Sonoma Resources LLC
P.O. Box 384, ElDorado, KS 67042
Title: President

Contact Person: Dan Flowers
Phone: 316-208-7590
Oil / Gas Purchaser: MacLasky Oilfield Services
Date: 12-13-11
Signature: [Signature]

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.

Sonoma Resources LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: D-21,461 Recommended action: DONE
Date: 2-16-12 Cheryl L. Bayer
Authorized Signature

Sonoma Production Co., Inc. is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: P04466 & P04478
Date: 2/14/12 Olivia Laigosa
Authorized Signature

DISTRICT _____ BPR 2/14/12 PRODUCTION 02-21-12 UIC 2-16-12
Mail to: Past Operator 2-16-12 New Operator 2-16-12 District (2) 2-16-12

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

010112 Varner IMJ.pdf

KDOR Lease No.: 114483 ✓ *DR*

* Location: SE/4,Sec 17-T25S-R4E, Butler Co., KS

[illegible]

* 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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 6407
Name: Flowers Production Co., Inc.
Address 1: P.O. Box 249
Address 2: _____
City: El Dorado State: KS Zip: 67042 + _____
Contact Person: Dallas Flowers
Phone: (316) 321-0550 Fax: (_____) _____
Email Address: _____

Well Location:
_____ - _____ - _____ Sec. 17 Twp. 25 S. R. 4 ☒ East ☐ West
County: Butler
Lease Name: Vamer Well #: _____

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

SE/4, Sec 17-T25S-R4E, Butler Co., KS

RECEIVED
DEC 13 2011

Surface Owner Information:

Name: Donald L. & Lynda Varner
Address 1: 9284 NW 30th Street
Address 2: _____
City: Towanda State: KS Zip: 67144 + _____

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.

KCC WICHITA

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: 12-13-11 Signature of Operator or Agent: [Signature] Title: President

Date: 02/14/12District: 02License #: 34569Op Name: 34569Spot: SW SE Sec 17 Twp 25 S Rng 4 ☒ E ☐ WCounty: ButlerLease Name: Varnier

Well #: _____

I.D. Sign <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Tank Battery Condition Condition: <input type="checkbox"/> Good <input type="checkbox"/> Questionable <input type="checkbox"/> Overflowing	<input type="checkbox"/>
<input type="checkbox"/> Pits, Injection Site Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.	<input type="checkbox"/>
<input type="checkbox"/> Oil Spill Evidence	<input type="checkbox"/>
<input type="checkbox"/> Abandoned Well Potential Pollution Problem <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Lease Cleanliness <input type="checkbox"/> Very Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Very Bad	<input type="checkbox"/>

Gas Venting <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<input type="checkbox"/> Pits Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.	<input type="checkbox"/>
<input type="checkbox"/> Saltwater Pipelines Leaks Visible: <input type="checkbox"/> Y <input type="checkbox"/> N Tested for Leaks: <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input type="checkbox"/> Flowing Holes	<input type="checkbox"/>
<input type="checkbox"/> TA Wells	<input type="checkbox"/>
<input type="checkbox"/> Monitoring Records	<input type="checkbox"/>

SWD/ER Injection Well ☐ Yes ☐ No ☐

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Gauge Connections ☐ Yes ☐ No ☐

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well Number	Well Status
15-015-01115-00-02	328' NoS	SW SE SW SE	37.86982 -097.01161	1	Active Injection
	1768' WoE				
15-015-21547-00-00	651' NoS	NW SW SW SE	37.8707000 -097.01356	1	Producing
	2330' WoE				

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: _____