101409_Grossardt.pdf

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

Check Applicable Boxes: MUST be subm	with the Ramas Surface Owner Notification Act, niited with this form.
Oil Lease: No. of Oil Wells 1 **	Effective Date of Transfer: October 2009
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 119022
Gas Gathering System:	
Saltwater Disposal Well - Permit No.: D23210	Lease Name: Grossardt
Spot Location: 4958 feet from N / S Line	
4327 feet from 🗸 E / W Line	Legal Description of Lease: NW/4.
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Barton
Number of Injection Wells**	1
Field Name: Kraft-Prusa	Production Zone(s): Arbuckle
*** ** Stife area there She completed.	Injection Zone(s):
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
Past Operator's License No. Expired 1/35/10	Contact Person:Darrell J. Kozisek
Past Operator's Name & Address: Darrell J. Kozisek	Phone: 770 - 461-8802
170 Neely Road - Fayetteville, GA 30214-3810	Date: NIW M
Title: Owner	Signature Saved Kozest
New Operator's License No. RJM Oil Company, Inc. 30458	Contact Person: Brian Miller
New Operator's Name & Address: PO Box 256	Phone: 620-786-4009
Claffin, Kansas 67525 - 0256	Oil / Gas Purchaser: Coffeyville
	Date: 2-21-2012
Title: New owner	Signature: Six Holls
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	n Commission. This acknowledgment of transfer pertains to Kansas Corporation
BSM Company 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.: D-23,240 . Recommended action:	permitted by No.:
Date: 3-23-12 NONE Authorized Signature,	Date:
DISTRICT Mail to: Past Operator 3-23-2 New Opera	PRODUCTION 3.27.12 UIC 3-23-12 Later 3-23-12 District 3-2

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

MAR 1 3 2012

MAR Must Be Filed For All Wells

KDOR Lease No.:	
* Lease Name: Grossardt	* Location: NW/4 10-17-11

Well No.	AP! No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-009-22945-00-01 v	4958 FSIVFNL	4327 FED FWL	SWD	Prod
2	15-009-23482-00-00	660 FSUFIN	1650 FELFW	Oil	Prod
		FSL/FNL	FEL/FWL		
		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED MAR 1 3 201
		FSL/FNL	FEL/FWL		
					VOO.

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 # 30458 Name: RJM Oil Company, Inc. Address 1: PO Box 256 Address 2: City: Claffin State: KS Zip: 67525 + 0256 Contact Person: Brian Miller Phone: (620) 786-4009 Fax: ()	Well Location: - **NW** Sec. 19 Twp. 17 S. R. 11 East ** West County: Barton Lease Name: Grossardt Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Address 1: PO Box 256 Address 2: City: Claffin State: KS Zip: 67525 + 0256 Contact Person: Brian Miller Phone: (620) 786-4009 Fax: ()	County: Barton Lease Name: Grossardt Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Address 2: City: Claflin State: KS Zip: 67525 + 0256 Contact Person: Brian Miller Phone: (620) 786-4009 Fax: ()	Lease Name: Grossardt Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description or		
City: Claffin State: KS Zip: 67525 4 0256 Contact Person: Brian Miller Phone: (620) 786-4009 Fax: ()			
Phone: (620) 786-4009 Fax: ()			
	the lease below:		
Email Address:			
Surface Owner Information:			
Name: Roger Grossardt	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.		
Address 1: 1530 NE 120 Ave.			
Address 2:			
City: Claffin State: KS Zip: 67525 + 0256			
	k batteries, pipelines, and electrical lines. The locations shown on the plat n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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 le	pocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
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	vner(s). To mitigate the additional cost of the KCC performing this		
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 will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
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