

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 _____ **
- ☒ Gas Lease: No. of Gas Wells 1 **
- ☐ 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.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: Aetna

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

Effective Date of Transfer: 1/5/2012

KS Dept of Revenue Lease No.: 222754

Lease Name: Brass 1-17

NE - - - - - Sec. 17 Twp. 35S R. 15 ☐ E ☒ W

Legal Description of Lease: 17 35S 15W

County: Barber

Production Zone(s): Mississippi

Injection Zone(s): _____

Surface Pit Permit No.: 1500722603

(API No. if Drill Pit, WO or Haul)

closed 8/24/00

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling OR

Past Operator's License No. 32566 /

Past Operator's Name & Address: Cleary Petroleum Corporation

10 N. Broadway, Edmond, OK 73034

Title: Vice President

Contact Person: Devin Giddens

Phone: (405) 848-5019

Date: 1/5/2012

Signature: [Signature]

New Operator's License No. 32334 /

New Operator's Name & Address: Chesapeake Operating, Inc.

6100 N. Western Avenue (P.O. Box 18496)

Oklahoma City, OK 73118 (73154-0496)

Title: Executive Vice President - Acquisitions & Divestitures

Contact Person: Douglas J. Jacobson

Phone: (405) 935-8000

Oil / Gas Purchaser: _____

Date: _____

Signature: [Signature]

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 1500722603 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 4/20/12 PRODUCTION 4-26-12 UIC 4-24-12
Mail to: Past Operator _____ New Operator _____ District _____

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

010512_Brass_1_17.pdf

RECEIVED
APR 18 2012
KCC WICHITA

25P

Must Be Filed For All Wells

* Lease Name: Brass 1-17

* Location: 17 35S 15W

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APR 18 2012
KCC WICHITA

* 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 # 32334
Name: Chesapeake Operating, Inc.
Address 1: 6100 N. Western Avenue
Address 2: P.O. Box 18496
City: Oklahoma City State: OK Zip: 73118 + _____
Contact Person: Aletha Dewbre
Phone: (405) 935-4775 Fax: (405) 849-4775
Email Address: aletha.dewbre@chk.com

Well Location:
NE - ____ - ____ Sec. 17 Twp. 35 S. R. 15 ☐ East ☒ West
County: Barber
Lease Name: Brass Well #: 1-17

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

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APR 18 2012
KCC WICHITA

Surface Owner Information:

Name: Z Bar, LLC
Address 1: 14003 SW Aetna Road
Address 2: _____
City: Lake City State: KS Zip: 67071 + _____

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: 4/17/2011 Signature of Operator or Agent: Aletha Dewbre Title: Regulatory Specialist