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MAY 02 2012

KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1

March 2010

Form must be Typed  
Form must be Signed  
All blanks must be FilledREQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION OR SURFACE PIT PERMITForm KDONA-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 9 \*\*
- ☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*
- ☐ 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.: E-30670

Entire Project: ☐ Yes ☒ NoNumber of Injection Wells 2 \*\*Field Name: Iola

\*\* Side Two Must Be Completed.

Effective Date of Transfer: 3/28/2012KS Dept of Revenue Lease No.: 140949Lease Name: ShaferSE-SE-SW-SW Sec. 6 Twp. 24 R. 19 ☒ E ☐ WLegal Description of Lease: SE/4 Section 6

Township 24, Range 19

County: AllenProduction Zone(s): TuckerInjection Zone(s): TuckerSurface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section\_\_\_\_\_ feet from ☐ E / ☐ W Line of SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling OKPast Operator's License No. 34383Past Operator's Name & Address: RANDI OIL212 Garfield, Iola, KS 66749Title: OperatorContact Person: James RickersonPhone: 620-363-4556Date: 4-2-12Signature: James RickersonNew Operator's License No. 33970New Operator's Name & Address: Matthew V. Kerr1651 2000th St., Iola, KS 66749Title: OperatorContact Person: Matthew Kerr 620-365-0550Phone: 620-365-0550Oil / Gas Purchaser: Crude Marketing PACERDate: 4-12-12Signature: MV Kerr

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Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # \_\_\_\_\_ 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.

KCC WICHITA

Kerr Oil LLC is acknowledged as

the new operator and may continue to inject fluids as authorized by

Permit No.: E-30670 Recommended action: ViolationNeed U3C for 2010-2011Date: 5-11-12 Cheryl Beyers

Authorized Signature

\_\_\_\_\_ is acknowledged as

the new operator of the above named lease containing the surface pit

permitted by No.: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

DISTRICT \_\_\_\_\_

Mail to: Past Operator

EPR

5-11-12

New Operator

PRODUCTION

5.25.12

UIC

5-11-12District (3)5-11-12

032612\_Shafer\_IRJ.pdf

KDOR Lease No.: 140949 MAY 02 2012

\* Lease Name: Shafer **KCC WICHITA**

\* Location: SE/4 Section 6, township 24, Range 19

[illegible]

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\* 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

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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 # 34383  
Name: James Rickerson  
Address 1: 212 Garfield  
Address 2: \_\_\_\_\_  
City: Iola State: KS Zip: 66749 + \_\_\_\_\_  
Contact Person: James Rickerson  
Phone: ( 620 ) 363-4556 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location: \_\_\_\_\_  
- - - - SE Sec. 6 Twp. 24 S. R. 19 ☒ East ☐ West

County: \_\_\_\_\_

Lease Name: Shafer Well #: \_\_\_\_\_

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  
SE 1/4, Section 6, Township 24, Range 19

**Surface Owner Information:**

Name: Vera Shafer  
Address 1: 1930 S. Dakota  
Address 2: \_\_\_\_\_  
City: Iola State: KS Zip: 66749 + \_\_\_\_\_

*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: 4-2-12 Signature of Operator or Agent: James Rickerson Title: operator KCC WICHITA

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