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: MUST be submit	itted with this form.				
✓ Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 12-31-2009				
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No				
Gas Gathering System:	Lease Name: West Cooper				
Saltwater Disposal Well - Permit No.:					
Spot Location: feet from N / S Line	NW - NE - SW - NW Sec. 22 Twp. 22S R. 19E E W				
feet from E / W Line	Legal Description of Lease: N2 SE4 22-22-19				
Enhanced Recovery Project Permit No.: E24,610					
Entire Project: Yes No	County: Anderson				
Number of Injection Wells**	Production Zone(s): Squirrel				
Field Name: Colony-Welda	Consissant				
** Side Two Must Be Completed.	Injection Zone(s): Squirrei				
Surface Pit Permit No.: 15-003-23160-0000	feet from N/ S Line of Section				
(API No. if Drill Pit, WO or Haul)					
Type of Pit: Emergency Burn Settling	w				
,	Haul-Off Workover Drilling				
Past Operator's License No. 30993	Contact Person: Terry Johnson				
Past Operator's Name & Address: M A E Resources, Inc	Phone: 913-898-3221				
P O Box 304 Parker, KS 66072	Date: 4/26/12				
Title: President	Signature: Leuce & Johnson				
New Operator's License No. 30097 33097	Contact Person: D. Mark Rouse				
New Operator's Name & Address: Southern Star Central Gas Pipeline, Inc.	Phone: 270-852-4490				
4700 Hwy 56 Owensboro, KY 42301	Oil / Gas Purchaser:				
	C-0.000				
O.M. D. it is a state of Tarkeign Consistence	Date: 5 4 2 2012				
Title: Sr Vice President, Operations and Technical Services	Signature: D. Mah \ Came				
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # 15-003-23160-0000 has been				
	Commission. This acknowledgment of transfer pertains to Kansas Corporation				
Commission records only and does not convey any ownership interest in the					
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				
	RECEIVED				
Permit No.: Recommended action:	permitted by No				
Data	MAY 1 4 2012				
Date:	Authorized Straffe WICHITA				
DISTRICT EPR5/16/12_	PRODUCTION 5.22.12 UIC 5-17-12				
Mail to: Past Operator New Operat	·				

Side Two

Must Be Filed For All Wells

KDOR Lease No.:	121461

* Lease Name:	West Cooper		* Location:			
Well No. API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Typ (Oil/Ga	e of Well s/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
23	15-003-23160-0000 ^J	Circle 2904 FSIVFNL	GPS Foo Circle 4357 FELFWL	otages oil	Dist.3	Producer
		FSL/FNL	FEL/FWL			Plugged *
		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			
***		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			RECEIVED
		FSL/FNL	FEL/FWL			MAY 1 4 2012
		FSL/FNL	FEL/FWL			KCC WICHITA

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.

Select the corresponding form being filed: C-1 (Intent) CB-	1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 30993 Name: M A E Resources, Inc	Well Location: NW_NE_SW_NW_Sec. 22 Twp. 22 S. R. 19 ★ East West				
Address 1: P O Box 304	County: Anderson				
Address 2:	Lease Name: West Cooper Well #: 23				
City: Parker State: KS Zip: 6072 +					
Contact Person. Terry Johnson	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Contact Person: Terry Johnson Phone: (913) 898-3221 Fax: (913) 898-4933	- -				
Email Address:	-				
Surface Owner Information: Bonnie Rook					
Name: Bonnie Rook Address 1: 20837 SW 600 Rd	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 2:	County, and in the real estate property tax records of the county treasurer.				
the KCC with a plat showing the predicted locations of lease roads, ta	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax. I have not provided this information to the surface owner(s).	I acknowledge that, because I have not provided this information, the owner(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 C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-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: 4-26-2012 Signature of Operator or Agent:	Title: President RECEIVED				
	MAY 1 4 2012				

KCC WICHITA