### 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, Check Applicable Boxes: MUST be submitted with this form. Oil Lease: No. of Oil Wells \_ 01/01/2012 Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 223177 Gas Gathering System: BUTLER A (was Butler) Lease Name: \_ Saltwater Disposal Well - Permit No.: \_\_\_\_ \_ <u>S2 Sec. 31 Twp. 31 R. 19 EVW</u> \_\_\_\_\_feet from N/ S Line \_\_\_\_\_feet from 🔲 E / 🔲 W Line Legal Description of Lease: S/2 of 31-31-19W Linhanced Recovery Project Permit No.: \_\_\_ Entire Project: Yes No County: \_COMANCHE Number of Injection Wells \_ Production Zone(s): LANSING-KANSAS CITY PIPELINE Field Name: \_ JUN 0 8 2012 Injection Zone(s):\_ \*\* Side Two Must Be Completed. Surface Pit Permit No.: \_ \_\_ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling 31514 / Past Operator's License No. Contact Person: Robert C. Patton THOROUGHBRED ASSOCIATES L.L.C. Past Operator's Name & Address: \_ 316-685-1512 Date: \_\_\_ 8100 E 22ND ST STE 600, WICHITA, KS 67226 Managing Partner Signature: 33168 Contact Person: DEAN PATTISSON New Operator's License No. New Operator's Name & Address: WOOLSEY OPERATING COMPANY, LLC 316-267-4379 125 NORTH MARKET, SUITE 1000 Oil / Gas Purchaser: PLAINS MARKETING / THOROUGHBRED ASSOCIATES WICHITA, KANSAS 67208 Date:\_06/07/12 **EXPLORATION AND PRODUCTION MANAGER** Signature: 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. \_\_ 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 \_\_\_\_\_. Recommended action: permitted by No.: \_\_ Authorized Signature Authorized Signature DISTRICT \_\_\_\_\_ PRODUCTION

New Operator

Mail to: Past Operator \_\_\_

#### Side Two

#### Must Be Filed For All Wells

|                 |        | A.           | Must Be Filed For All |
|-----------------|--------|--------------|-----------------------|
| KDOR Lease No.: | 223177 | $\checkmark$ |                       |

| * Lease Name: | BUTLER A (was Butler)        |                                       | * Location: S                  | Sec. 31-31-19W                    |                                      |
|---------------|------------------------------|---------------------------------------|--------------------------------|-----------------------------------|--------------------------------------|
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from<br>(i.e. FSL = Feet from | Section Line<br>om South Line) | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
| 1             | 15-033-21127-0000V           | 660 Circle                            | 990 Circle                     | GAS                               | PRODUCING                            |
|               |                              | FSL/FNL                               | FEL/FWL                        |                                   |                                      |
|               |                              | FSL/FNL                               | FEL/FWL                        |                                   |                                      |
|               |                              | FSL/FNL                               | FEL/FWL                        |                                   |                                      |
|               |                              | FSL/FNL                               | FEL/FWL                        |                                   |                                      |
|               |                              | FSL/FNL                               | FEL/FWL                        |                                   |                                      |
|               |                              |                                       |                                |                                   |                                      |
| <del></del> . |                              | FSL/FNL                               | FEL/FWL                        |                                   | _                                    |
| <del></del> - |                              | FSL/FNL                               | FEL/FWL _                      |                                   |                                      |
|               |                              |                                       |                                |                                   |                                      |
| -             |                              | FSL/FNL                               | FEL/FWL .                      |                                   |                                      |
|               |                              |                                       |                                |                                   |                                      |
|               |                              |                                       |                                |                                   |                                      |
|               |                              |                                       |                                |                                   |                                      |
|               |                              |                                       |                                |                                   |                                      |
|               |                              |                                       |                                |                                   |                                      |
|               |                              |                                       |                                |                                   |                                      |
|               |                              | FSL/FNL _                             | FEL/FWL _                      |                                   |                                      |
|               |                              |                                       | FEL/FWL                        |                                   |                                      |
|               |                              | FSL/FNL                               | FEL/FWL                        |                                   | RECEIVED                             |
|               |                              | FSL/FNL                               | FEL/FWL                        |                                   | JUN 0 8 2012                         |
|               |                              |                                       | FEL/FWL                        |                                   | KCC WICHITA                          |
| <del></del>   |                              | FSL/FNL _                             |                                |                                   | THOMA.                               |
|               |                              |                                       | FEL/FWL                        |                                   |                                      |
|               |                              |                                       |                                |                                   |                                      |

A separate sheet may be attached if necessary

<sup>\*</sup> 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 # 33168  Name: WOOLSEY OPERATING COMPANY, LLC   | Well Location:  |  |  |
|---|---|--|--|
| Address 1: 125 NORTH MARKET   | S2 Sec. 31 Twp. 31 S. R. 19 East X West   |  |  |
| Address 1: 125 NORTH MARKET  Address 2: SUITE 1000  | County: COMANCHE  Lease Name: BUTLER A (was Butler) Well #: 1   |  |  |
| City: State: KS 67202   |   |  |  |
| Contact Person: DEAN PATTISSON  Phone: ( 316 ) 267-4379 x107 Fax: ( 316 ) 267-4383  | — If filing a Form T-1 for multiple wells on a lease, enter the legal description of<br>the lease below:  |  |  |
| Phone: ( 316 ) 267-4379 x107 Fax: ( 316 ) 267-4383  | PECENTER  |  |  |
| Email Address: _woolsey@woolseyco.com   | RECEIVED  |  |  |
|   | JUN 0 8 2012  |  |  |
| Surface Owner Information: Nancy ANN BUTLER   | KCC WICHITA   |  |  |
| Address 1: 2000 5TH AVE.  | - When filling a Form T-1 involving multiple surface guman attach as a trivial  |  |  |
| Address 2:  | owner information can be found in the records of the maintee of deads for the   |  |  |
| city: HELENA State: MT Zip: 59601 +   |   |  |  |
| this form is being submitted with a Form C 1 (lotont) as CR 1 (C)   |   |  |  |
| f this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease made.)  | thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, to the preliminary non-binding estimates. The locations may be entered elect one of the following:  | thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat of on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Act (House Bill 2032), I have provided the following to the surface elocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form to being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, to the preliminary non-binding estimates. The locations may be entered select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice 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 KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling.  | chodic Protection Borehole Intent), you must supply the surface owners and bank 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.  Act (House Bill 2032), I have provided the following to the surface elocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form in being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ang fee, payable to the KCC, which is enclosed with this form.   |  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, to the repreliminary non-binding estimates. The locations may be entered elect one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice 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 KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling choosing the second option, submit payment of the \$30.00 handling choosing the second option, submit payment of the \$30.00 handling choosing the second option, submit payment of the \$30.00 handling choosing the second option. | thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat of on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Act (House Bill 2032), I have provided the following to the surface elecated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form in being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ang fee, payable to the KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 will be returned. |  |  |