

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form T-1
April 2004
Form must be Typed
Form must be Signed
All blanks must be Filled

Check Applicable Boxes:

☒ Oil Lease: No. of Oil Wells 1 **
☐ 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.: _____
Entire Project: ☐ Yes ☐ No
Number of Injection Wells _____ **
Field Name: Arnold, SW

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

Effective Date of Transfer: October 1, 2010
KS Dept of Revenue Lease No.: 132592
Lease Name: Babcock
C S/2 N/2 SE Sec. 25 Twp. 16S R. 26 ☐ E ☒ W
Legal Description of Lease: N/2 SE/4
County: Ness
Production Zone(s): Mississippian
Injection Zone(s): _____

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

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

Past Operator's License No. 30742 /
Past Operator's Name & Address: Palomino Petroleum, Inc.
4924 SE 84th St., Newton, KS 67114-8827
Title: President

_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section
Contact Person: Klee R. Watchous
Phone: (316) 799-1000
Date: September 27, 2010
Signature: Klee R. Watchous

New Operator's License No. 9408 /
New Operator's Name & Address: Trans Pacific Oil Corp.
100 S. Main, Ste. 200, Wichita, KS 67202-3734
Title: Vice President

Contact Person: Gary Sharp
Phone: (316) 262-3596
Oil / Gas Purchaser: NCRA
Date: 10/4/10
Signature: Gary Sharp

RECEIVED

JUN 05 2012

KCC WICHITA

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # _____ 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 6/7/12 PRODUCTION 6-08-12 UIC 6-8-12
Mail to: Past Operator _____ New Operator _____ District _____

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

100110_Babcock.pdf

SCANNED

* Lease Name: Babcock

* Location: N/2 SE/4, Sec. 25-16S-26W - Ness County

API No.
(YR DRLD/PRE '67)

Footage from Section Line
(i.e. FSL = Feet from South Line)

Type of Well
(Oil/Gas/INJ/WSW)

Well Status
(PROD/TA'D/Abandoned)

[illegible]

* 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 # 9408
Name: Trans Pacific Oil Corporation
Address 1: 100 S. Main, Suite 200
Address 2: _____
City: Wichita State: KS Zip: 67202 + _____
Contact Person: Glenna Lowe
Phone: (316) 262-3596 Fax: (316) 267-7184
Email Address: _____

Well Location:
S2 N2 SE Sec. 25 Twp. 16 S. R. 26 ☐ East ☒ West
County: Ness
Lease Name: Babcock Well #: 1

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

Surface Owner Information:

Name: Gwendolyn C. Salmans
Address 1: P.O. Box 128
Address 2: _____
City: Hanston State: KS Zip: 67849 + _____

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: 6/4/2012 Signature of Operator or Agent: Glenna Lowe Title: Production Assistant