061812_Pasternak.pd

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: Effective Date of Transfer: ___6/18/12 Oil Lease: No. of Oil Wells _ Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: ___ Gas Gathering System:_ Lease Name: Pasternak Saltwater Disposal Well - Permit No.: ____ - SE. SE - NE Sec. 35 Twp. 32 R. 15 VE W __feet from ON / S Line Spot Location: _ Legal Description of Lease: ___ feet from E / W Line Enhanced Recovery Project Permit No.: _ County: Montgomery Entire Project: Yes No Number of Injection Wells _ Production Zone(s): Field Name: Unknown 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) E / W Line of Section feet from Haul-Off Settling Emergency Burn Type of Pit: James R. Perkins Past Operator's License No. Contact Person: Phone: 620-374-2133 Perkins Oil Enterprises, Inc. Past Operator's Name & Address: 6/18/12 P.O. Box 707, Howard, KS 67349 Title: President Signature Contact Person: Stephen DeGiusti 33343 J New Operator's License No. Phone: 405-702-7420 Postrock MidContinent Production LLC New Operator's Name & Address: 210 ark Avenue, Ste 2750 Oil / Gas Purchaser: Oklahoma City, OK 73102 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 permitted by No.: ___ ______ . Recommended action: Date: _ Authorized Signature Authorized Signature PRODUCTION . DISTRICT ___ District Mail to: Past Operator. **New Operator**

Must Be Filed For All Wells

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* Lease Name: Pasternak			Location:_S	* Location: Sec35 T32 R15E		
Well No.	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)	
4		2475 Circle	565 Circle	Gas	Prod TA	
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL		_	
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		FSL/FNL	FEL/FWL		PECEIVED	
					SEP 1 1 2012	
		FSL/FNL				
		FSL/FNL			KCC WICHITA	
		FSL/FNL				

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 # 4448	Well Location:		
Name. Perkins Oil Enterprises, Inc.	SESE - NE Sec. 35 Twp. 32 S. R. 15 X East West		
Name: Perkins Oil Enterprises, Inc. Address 1: P.O. Box 707	County: Montgomery		
Address 3:	County: Montgomery Lease Name: Pasternak Well #: 4		
City: Howard State: KS Zin: 67349 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: James R. Perkins	the lease below:		
City: Howard State: KS Zip: 67349 + Contact Person: James R. Perkins Phone: (620) 374-2133 Fax: (620) 374-2134 Email Address: jrperkins@sktc.net			
Email Address: jrperkins@sktc.net			
Condess Common Information			
surface Owner Information:			
Name: Donna L. Schaid Address 1: 2109 N. 8th	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 0:			
Address 2:	county, and in the real estate property tax records of the county incustion.		
Oldis. 12 21p. 13 14			
are preliminary non-binding estimates. The locations may be entered of 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, a I have not provided this information to the surface owner(s). It is KCC will be required to send this information to the surface owner(s), I acknowledge that I am being charged a \$30.00 handling. If choosing the second option, submit payment of the \$30.00 handling.	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this g fee, payable to the KCC, which is enclosed 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 I hereby certify that the statements made herein are true and correct to	P-1 will be returned.		
Date: 6 -18-2012 Signature of Operator or Agent:	X Slo Frank		
Date: Signature of Operator or Agent:	Title: 77 RECEIVED		
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