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 Surrace Owner Notification Act, MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells 1 September 1, 2012 Effective Date of Transfer: Gas Lease: No. of Gas Wells ____ KS Dept of Revenue Lease No.: 114071 Gas Gathering System: Lease Name: Tinsley Saltwater Disposal Well - Permit No.: ___ __SW _ NW _ SE _Sec. 6 _Twp. _20 _R. _1 __ E / W _ feet from N / S Line Legal Description of Lease: SW NW SE Section 6-T20S-R1W feet from E / W Line Enhanced Recovery Project Permit No.: _ RECEIVED Entire Project: Yes No County: McPherson Number of Injection Wells __ Production Zone(s):_ Mississippian SEP 2 1 2012 Field Name: Injection Zone(s):_ KCC WICH ** 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: Burn Emergency Settling Haul-Off ☐ Workover Ø ♣ Drilling 5399 Past Operator's License No. Alan L. DeGood, President Contact Person. Past Operator's Name & Address: Trek AEC, LLC Phone: 316-263-5785 155 North Market, Suite 710, Wichita, KS 67202 Title: Vice-President New Operator's License No. 3822 Contact Person: Eldon R. Koehn New Operator's Name & Address: Eldon R. Koehn Phone: 620-654-3397 2241 Moccasin Road Oil / Gas Purchaser: NCRA Galva, KS 67443 Owner/Operator 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 permitted by No.: ___ Date: Date: Authorized Signature Authorized Signature

New Operator

PRODUCTION _

DISTRICT ___

Mail to: Past Operator _

Side Two

Must Be Filed For All Wells

* Lease Name:	Tinsley	* Location: SW NW SE Section 6-T20S-R1W			
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)
Tinsley #1	15-113-20737	Circle 1650 FSL FSL/FNL	Circle 2310 FEL FEL/FWL	Oil	Shut-In
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		4-2-2
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL	SHARING MARKET THE STATE OF THE	RECEIVED
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A separate sheet may be attached if necessary

FEL/FWL

FSL/FNL

^{*} 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 Farmit); 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 (Tr	ansfer) CP-1 (Plugging Application)	
3822			
OPERATOR: License # 3822	Well Location: <u>SW_NW_SE_Sec. 6Twp. 20S. R. 1</u> East ▼ West		
Name: Eldon R. Koehn Address 1: 2241 Moccasin Road Address 2:			
Address 1: ZZZYT MIOOCASIIT ROAU	County: Tipology	Well #: 1	
Address 2:	Lease Name: Tinsley	Well #:	
City: Galva State: KS 7ip: 67443	the lease below:		
Contact Person: Eldon R. Koehn			
Phone: (620) 654-3397 Fax: ()			
Email Address:			
Surface Owner Information: Name: Galen C. and Jessie Tinsley	When filing a Form T-1 involving multip	le surface owners, attach an additional	
Address 1: 1152 25th Avenue	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:			
City: Canton State: KS Zip: 67428			
the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of Select one of the following:	k batteries, pipelines, and electrical line: on the Form C-1 plat, Form CB-1 plat, or	s. The locations shown on the plat a separate plat may be submitted.	
Select one of the following:			
▼ I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I 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	ocated: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1	m CB-1. Form T-1 or Form	
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ov task, I acknowledge that I am being charged a \$30.00 handling	vner(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 CP-	fee with this form. If the fee is not rece 1 will be returned.	eived with this form, the KSONA-1	
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
20,40,40			
Date: 09/10/12 Signature of Operator or Agent:	Title: Pro	oduction Manager	

KCC WICHITA

SEP 2 1 2012