## 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

DECEIVED

Check Applicable Boxes: MUST be submit	ted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 10-3-2005
Gas Lease: No. of Gas Wells**	KS Dent of Revenue Lease No.: 114299
Gas Gathering System:	KCC WICHI
Saltwater Disposal Well - Permit No.:	Lease Name: Moore
Spot Location: feet from N / S Line	SE _ SE _ Sec. 28 Twp. 27 R. 18 FE W
feet from E / W Line	Legal Description of Lease: 10 A tract SE2, SE4
Enhanced Recovery Project Permit No.: E20565	
Entire Project: 🖊 Yes 🔝 No	County: Neosho
Number of Injection Wells 1 **	Production Zone(s): Bartlesville
Field Name: Humboldt-Chanute	D - 41 - 11
** Side Two Must Be Completed.	Injection Zone(s): Bartlesville
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 OF Drilling
Past Operator's License No. 31244 Exp. 6/30/12	Contact Person: D. Dalton
Past Operator's Name & Address: Dalton Oilfield Truck Service	Phone: 620-431-7270
Box 90 Chambe KS 61720	Date: 10-3-2005
Title: Owner	Signature Ducupa Calton
New Operator's License No. 32191 /	Dolo Joseph
New Operator's License No.	Contact Person: Dale Jesseph
New Operator's Name & Address: Toshic Dynamics LLC	Phone: 620-212-3408 - 431-4519
8226 E. Highland Ave	Oil / Gas Purchaser: Toshic Dynamics LLC
Scottsdaye, AZ 85251	Date: 10-7-2005
Title: Don Bisbee, Owner	Signature: Dale Jesseph
Acknowledgment of Transfer: The above request for transfer of injection a	uthorization, surface pit permit # has been
noted, approved and duly recorded in the records of the Kansas Corporation C	
Commission records only and does not convey any ownership interest in the at	pove injection well(s) or pit permit.
Toshic Dynamics LC 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
Permit No.: E-20,565. Recommended action: Violatius	permitted by No.:
Date: 8-16-12 Charles Signature	Date:
3/11/5	Authorized Signature
Mail to: Past Operator 8-10-12 New Operator	RODUCTION 8-16-12 UIC 8-16-12

#### Side Two

#### Must Be Filed For All Wells

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KDOR Lease No.: 114299

Lease Name:	Moore		* Location:	AND THE PARTY OF T	
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)
1-6449	15-133-01567 🏑	660 Circle	132 Circle	<u>Inj</u>	Prod
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		COMPANIENCE CONTRACTOR
		FSL/FNL	FEL/FWL		1. (A. C.
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		and management and address and an extension of the control of the
Market A. A.		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	**************************************	
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
***		FSL/FNL	FEL/FWL		
	SECTION 1 MATERIAL AND SECTION	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
openin mys mining sinn oller min (MAS) School Me in a		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		AUG 1 3 2012
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 31244  Name: Dalton Oilfield Truck Service  Address 1: PO Box 90	Well Location:SE_SE_Sec. 28 Twp. 27 S. R. 18 ⊠ East ☐ West County: Neosho Lease Name: Moore Well #: 1-6449			
Address 1: PO Box 90				
Address 2:	Lease Name: MOOre Well #: 1-6449			
City: Chanute State: KS Zip: 66720 + 0090 Contact Person: Dwayne Dalton	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: ( 620 ) 431-7270 Fax: ( )				
Email Address:				
Surface Owner Information:				
Name: Toshic Dynamics LLC  Address 1: 8226 E. Highland Ave	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			
Address 2:  City: Scottsdale State: AZ Zip: 85251 +	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, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
☑ I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, an	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling f	ner(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-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
I hereby certify that the statements made herein are true and correct to to Date: Signature of Operator or Agent: Date:	ne best of my knowledge and belief.  RECEIVED  Title: Owner  AUC 13 200			

KCC WICHITA