

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:

- ☒ Oil Lease: No. of Oil Wells 2 **
☐ 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: Burrton

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

Effective Date of Transfer: November 1, 2010

KS Dept of Revenue Lease No.: 106632

Lease Name: Tucker

* NE - E/2 - NW/4 Sec. 19 Twp. 24S R. 4 ☐ E ☒ W

Legal Description of Lease: E/2 NW/4, Lot 2, B-2, Lot 3, C-3 and the island
in the river in the NE/4, Section 19-24S-4W

County: Reno

Production Zone(s): Mississippi Chat

Injection Zone(s): _____

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

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

Past Operator's License No. 30364

Past Operator's Name & Address: Resource Operations, Inc.

P O Box 9487, Tulsa, OK 74157-0487

Title: Production Superintendent

Contact Person: Mike Harmon

Phone: 918-446-6114

Date: November 29, 2010

Signature: Mike Harmon

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New Operator's License No. 33324

New Operator's Name & Address: Allam Production Inc.

P O Box 2325, Hutchinson, KS 67504

Title: Superintendent

Contact Person: W R Allam

Phone: 620-465-2337

Oil / Gas Purchaser: NE-RA

Date: 12-1-10

Signature: W R Allam

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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 _____ CPR 9/12/12 PRODUCTION 9.13.12 UIC 9-13-12
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 207A, Wichita, Kansas 67202

110110-Tucker.pdf

Must Be Filed For All Wells

KDOR Lease No.: 106632

* Lease Name: Tucker

* Location: E/2 NW/4 Section 19-24S-4W, Reno County, Kansas

[illegible]

A separate sheet may be attached if necessary

* **Correction made per Resource Operations 9/12/12**

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 # 33324
Name: Allam Production Inc
Address 1: PO Box 2325
Address 2: _____
City: Hutchinson State: KS Zip: 67504 + 2325
Contact Person: WR Allam
Phone: (620) 663-7813 Fax: (____) _____
Email Address: _____

Well Location:

* NE, E/2 NW Sec. 19 Twp. 24 S. R. 4 ☐ East ☒ West

County: Reno

Lease Name: Tucker

Well #: _____

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

* NE, E/2 NW 1/4

Surface Owner Information:

Name: Ida Petersheim
Address 1: 7102 E Red Rock Road
Address 2: _____
City: Haven State: KS Zip: 67543 + _____

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: 12/1/2012 Signature of Operator or Agent: W. R. Allam Title: President

Allam Production Inc.

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