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,
MIST be submitted with this form.

Check Applicable Boxes:			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 6-25-12		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: /30339		
Gas Gathering System:	Lease Name: Burke 1		
Saltwater Disposal Well - Permit No.:	SW _ SW _ NE _ Sec. 2 Twp. 24 R. 14 EVW		
Spot Location: feet from N / S Line	Legal Description of Lease: W/2 NE/4 2-24S-14w		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: STAFFORD		
Number of Injection Wells **	Production Zone(s): CONGLOMERATE		
Field Name:	Injection Zone(s):		
** Side Two Must Be Completed.	rijection Zone(s).		
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. 9324 Exp. 1/30/99	Contact Person:		
• • •			
Past Operator's Name & Address: <u>JFW, Inc.</u>	Phone:		
	Date:		
Title:	Signature:		
	New Oil+GasLease On File		
New Operator's License No. 30116 /	Contact Person: STEVE JONES		
New Operator's Name & Address: STEVE OR JENI M JONES	Phone: 620-549-6189		
112 N GRAY ST	Oil / Gas Purchaser: NCRA		
SAINT JOHN, KS 67576	Date: 9-1-12 NOV 0 5 2012		
SAINT JOHN, NO 07070			
Title:	Signature: KCC WICHITA		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
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.: ·		
Permit No.: Recommended action:	permitted by No		
Date	Date:		
Date: Authorized Signature	Authorized Signature		
DISTRICT EPR _// /U (4/12	PRODUCTION 11.07.12 UIC 11-7-12		
	tor District		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.:	0339 V			
Lease Name: Burke 1		* Location:			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from 1)	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-185-22519 /	3060 FSU FNL	2310 Circle	OIL	SCHED TO BE
		FSL/FNL	FEL/FWL		PLUGGED BY
		FSL/FNL	FEL/FWL		KCC
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	MARKS TO SERVICE STATE OF THE	_
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			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		
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		NOV 0 5 2012
		FSL/FNL	FEL/FWL		KCC WICHITA

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.

30116	Well Location:		
OPERATOR: License # 30116 Name: STEVE OR JENI JONES	SW_SW_NESec. 2 Twp. 24 S. R. 14 ☐ East 🗷 West		
Address 1: 112 N GRAY ST	Security STAFFORD		
	County: STAFFORD Lease Name: BURKE Well #: 1		
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
City: State: Sta	the lease below:		
Contact Person:			
Contact Person: STEVE JONES Phone: (620) 549-6189 Fax: (620) 549-6189 Email Address: jmjhunter@yahoo.com			
Email Address: 37.5.			
Surface Owner Information:			
Name: See attachment	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 1:			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: State: Zip:+			
Select one of the following:	on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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, I have not provided this information to the surface owner(s). I	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this		
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form Cl	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.		
I hereby certify that the statements made herein are true and correct			
Date: 10-31-12 Signature of Operator or Agent:	m for Title: owner/operator RECEIVED		
	NOV OF SOM		
	NOV 0 5 2012 KCC WICHITA		

BURKE #1 W/2 NE/4 2-24S-14W, STAFFORD COUNTY, KANSAS

SURFACE OWNERS

LARRY K BURKE AND SONJA C BURKE 506 EL TREGO DRIVE DODGE CITY, KS 67801

RICHARD K BURKE AND GEORGIA S. BURKE 2200 CRESCENT DRIVE DODGE CITY, KS 67801

NOV 0 5 2012 KCC WICHITA