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,

Check Applicable Boxes:	ed with this form.			
Oil Lease: No. of Oil Wells 9 **	Effective Date of Transfer: 10/1/2012			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 115585			
Gas Gathering System:	Lease Name: Gleue-Jet (Elmer Gleue on KGS)			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease: The N/2 of the SW/4 of Section 18-23S-17E,			
✓ Enhanced Recovery Project Permit No.:	Coffey County, KS			
Entire Project: ✓ Yes No	County: Coffey			
Number of Injection Wells **	Production Zone(s): Squirrel			
Field Name: Neesho Falls - Leroy Je+	Injection Zone(c): Squirrel			
#Sket Two Must Be Completed.	Injection Zone(s): Squirrei			
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. 4567 /	Contact Person:Douglas G. Evans			
Past Operator's Name & Address: D. E. Exploration, Inc.	Phone: 785-883-4057 /			
PO Box 128, Wellsville, KS 66092	Date: 10/8/2012			
Title: President	Signature Ough Ohm			
	DFOR			
5150 /	Dennis Kershner RECEIVED			
New Operator's License No. 5150 Celt Energy Inc.	Contact Person: Pennis Kershner RECEIVED			
New Operator's Name & Address: Colt Energy, Inc.	Phone: 620-365-3111 OCT 2 2 2012			
New Operator's Name & Address: Colt Energy, Inc. PO Box 388	Phone: 620-365-3111 OCT 2 2 2012 Oil / Gas Purchaser: Coffeyville Resources			
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New Operator's Name & Address: Colt Energy, Inc. PO Box 388 lola, KS 66749	Phone: 620-365-3111 Oil / Gas Purchaser: Coffeyville Resources Date: 10/8/2012 Signature: Coffeyville Resources			
New Operator's Name & Address: Colt Energy, Inc. PO Box 388 lola, KS 66749 Title: Manager	Phone: 620-365-3111 Oil / Gas Purchaser: Coffeyville Resources Date: 10/8/2012 Signature: Coffeyville Resources Authorization, surface pit permit #			
New Operator's Name & Address: Colt Energy, Inc. PO Box 388 lola, KS 66749 Title: Manager Acknowledgment of Transfer: The above request for transfer of injection as	Phone: 620-365-3111 Oil / Gas Purchaser: Coffeyville Resources Date: 10/8/2012 Signature			
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

** Please Control District Office #3 + 3 Chedule your MIT

Must Be Filed For All Wells

445505

KDOR Lease No.: 115585

* Lease Name:	Gleue-Jet (Elmer Gleue on K	GS)	* Location: T	he N/2 of the SW/4 of Se	ction 18-23S-17E
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-031-20983-0000	1940 FSDFNL	4915 Circle	OIL	PROD
2	15-031-20992-0000	1920 FSI/FNL	4680 FELFWL	EOR	ACTIVE
3	15-031-21024-0000	2390 SUFNL	4870 FEDFWL	OIL	PROD
4	15-031-21025-0000	2390 FSI) FNL	4440 (FEI)/FWL	OIL	PROD
5	15-031-21030-0000 /	1510 FSL/FNL	4800 (EDFWL	OIL	PROD
6	15-031-21139-0000	1510 (S) JFNL	4330 FEDFWL	OIL	PROD
7	15-031-21140-0000/	1510 ESIVENL	3880 FELFWL	OIL	PROD
8	15-031-21278-0000	1500 FSL)FNL	3410 FELFWL	OIL	PROD
9	15-031-21279-0000	1940 ESL)FNL	4230 (EL)FWL	OIL	PROD
10	15-031-21292-0000	1650 ESLYFNL	2970 FELYFWL		PROD
1-SWD	15-031-22266-0000	2470 FOUFNL	4840 (FEL/FWL	SWD Applica	TIMACTIVE 10-5-2010
		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		
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		OCT 2 2 2012
		FSL/FNL	FEL/FWL		
A separate she	eet may be attached if necessary				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

KCC WICHITA

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 (Trans	sfer) CP-1 (Plugging Application)		
OPERATOR: License # 4567 Name: D. E. Exploration, Inc.	Well Location:			
Address 1: PO Box 128	County: Coffey			
Address 2:	County: Coffey Lease Name: Gleue-Jet	Well #: ALL		
City: Wellsville State: KS Zin: 66092				
Contact Person: Phil Frick Phone: (785) 883-4057 Fax: ()	the lease below:			
Phone: (785) 883-4057 Fax: ()	N/2 SW/4 of 18-23S-17E, (Coffey County, KS		
Email Address:				
Surface Owner Information: Name: Elmer Gleue	When filing a Form T-1 involving multiple			
Address 1: 2006 Highway 58 SE	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:	county, and in the real estate property tax records of the county treasurer.			
City: Le Roy State: KS Zip: 66857				
are preliminary non-binding estimates. The locations may be entered Select one of the following:	on 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 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,	e located: 1) a copy of the Form C-1, Form n being filed is a Form C-1 or Form CB-1,	n CB-1, Form T-1, or Form		
I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling	owner(s). To mitigate the additional cost of	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		ved 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.			
Date: 10/8/2012 Signature of Operator or Agent: 10/8/2012	Title: Pre	RECEIVED		
		OCT 2 2 2012		