Form T-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

### KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

# 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:                                                                                                                | Effective Date of Transfer: July 1, 2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ☐ Oil Lease: No. of Oil Wells                                                                                                          | ** KS Dept of Revenue Lease No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ☑ Gas Lease: No. of Gas**                                                                                                              | Lease Name: <u>DANNER A</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| □ Gas Gathering System:                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| □ Saltwater Disposal Well - Permit No.:                                                                                                | 't                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                        | Legal Description of Lease: Sec. 31 23S 32W NW Qtr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Spot Location:feet from □ N / □ S Line                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| feet from □ E / □ W Line                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| □ Enhanced Recovery Project Permit No.:                                                                                                | County: FINNEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Entire Project:                                                                                                                        | Production Zone(s): CHASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Number of injection wells                                                                                                              | Injection Zone(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Field Name HUGOTON                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Surface Pit Permit No.                                                                                                                 | feet from □ N / □ S Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (API No. if Drill Pit. WO or Haul)                                                                                                     | feet from $\square$ E / $\square$ W Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| □ Type of Pit: □ Emergency □ Burn □ Sett                                                                                               | tling □ Haul-Off □ Workover $ otin  otin $ |
| Past Operator's License No5952                                                                                                         | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                        | Signature Nancy Filtzwater                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| recorded in the records of the Kansas Corporation Commission. The does not convey any ownership interest in the above injection well(s | wledged as is acknowledged as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Date Authorized Signature                                                                                                              | Date Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| DISTRICTEPR///27//2                                                                                                                    | PRODUCTION 4-28-12 UIC 11-28-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Mail to: Past Operator                                                                                                                 | New Operator District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

#### Side Two Must Be Filed For All Wells

| KDOR Lease No.:     | 201025                       |                                       |                                      |                                   |                                      |
|---------------------|------------------------------|---------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|
| *Lease Name:        | DANNER A                     | *Location:                            | 31 23 32 C W2                        | E2 NW                             |                                      |
| Well No.            | AP No.<br>(YR DRLD/PRE '67)  |                                       | n Section Line<br>t from South Line) | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'S/Abandoned) |
| 1                   | 150550078200 /               | 3966 FSL                              | 3709 FEL                             | GAS                               | Producing                            |
|                     |                              |                                       |                                      |                                   |                                      |
|                     |                              |                                       |                                      |                                   |                                      |
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| A separate sheet ma | ay be attached if necessary. | · · · · · · · · · · · · · · · · · · · |                                      | · Switch                          |                                      |

\*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.

Form T-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

#### KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

# 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:                                                                                                                                                                                                                                                                                                                                          | Effective Date of Transfer: July 1, 2012                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| ☐ Oil Lease: No. of Oil Wells**                                                                                                                                                                                                                                                                                                                                  | KS Dept of Revenue Lease No.: 231764                                                 |
| ☑ Gas Lease: No. of Gas**                                                                                                                                                                                                                                                                                                                                        | Lease Name: DANNER A                                                                 |
| □ Gas Gathering System:                                                                                                                                                                                                                                                                                                                                          | <u>SW_Sec_31_Twp_23S_R_32W_</u> □ E □ W                                              |
| □ Saltwater Disposal Well - Permit No.:                                                                                                                                                                                                                                                                                                                          | Legal Description of Lease: Sec. 31 23S 32W SW Qtr.                                  |
| Spot Location:feet from □ N / □ S Line                                                                                                                                                                                                                                                                                                                           |                                                                                      |
| feet from $\square$ E / $\square$ W Line                                                                                                                                                                                                                                                                                                                         |                                                                                      |
| ☐ Enhanced Recovery Project Permit No.:                                                                                                                                                                                                                                                                                                                          | County: FINNEY                                                                       |
| Entire Project: □ Yes □ No                                                                                                                                                                                                                                                                                                                                       | Production Zone(s): CHASE                                                            |
| Number of injection wells                                                                                                                                                                                                                                                                                                                                        | Injection Zone(s):                                                                   |
| Field NameHUGOTON                                                                                                                                                                                                                                                                                                                                                |                                                                                      |
| Surface Pit Permit No.  (API No. if Drill Pit. WO or Haul)                                                                                                                                                                                                                                                                                                       | feet from □ N / □ S Line feet from □ E / □ W Line                                    |
| □ Type of Pit: □ Emergency □ Burn □ Settling                                                                                                                                                                                                                                                                                                                     | ☐ Haul-Off ☐ Workover ☐ Drilling                                                     |
| Past Operator's License No. 5952  Past Operator's Name & Address                                                                                                                                                                                                                                                                                                 | Contact Person:Lou Barry Room 3.142B WL-1 Phone281-366-7816 Date6/25/2012  Signature |
| 600 Travis, Suite 5100 Houston, Texas 77002                                                                                                                                                                                                                                                                                                                      | Date 6/25/2012 KCC WICHITA                                                           |
| Title Regulatory Compliance Advisor                                                                                                                                                                                                                                                                                                                              | Signature Nancy Fitzwater                                                            |
| Acknowledgment of Transfer: The above request for transfer of injection are recorded in the records of the Kansas Corporation Commission. This acknowledges 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 | adgment of transfer pertains to Kansas Corporation Commission records only ar        |
|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |
| Date                                                                                                                                                                                                                                                                                                                                                             | Date                                                                                 |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                             | Authorized Signature                                                                 |
| DISTRICTEPRNew Ope                                                                                                                                                                                                                                                                                                                                               | PRODUCTIONUIC                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                      |

### Side Two Must Be Filed For All Wells

| KDOR Lease No.: | 231764                      |            |                                    |                                   |                                      |
|-----------------|-----------------------------|------------|------------------------------------|-----------------------------------|--------------------------------------|
| *Lease Name:    | DANNER A                    | *Location: | 31 23 32 SW NE                     | <u> SW</u>                        |                                      |
| Well No.        | AP No.<br>(YR DRLD/PRE '67) | _          | n Section Line<br>from South Line) | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'S/Abandoned) |
| 2HI             | 150552179300                | 1430 FSL   | 1968 FWL                           | GAS                               | Producing                            |
|                 |                             |            |                                    |                                   |                                      |
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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.

| OP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ERATOR: License #5952                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sec. <u>31</u> Twp. <u>23S</u> R. <u>32W</u> □East ☑ West                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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Box 3092                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | County: FINNEY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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                                               | ntact Person: DeAnn Smyers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If filing a Form T-1 for multiple wells on a lease, enter the legal                                                                                                                                                                                                                                                                                                                                                                 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                                               | one: (281) 366-4395 Fax: (281) 366-7836                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                               | ail Address: <u>smyerscd@bp.com</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | When filing a Form T-1 involving multiple surface owners, attach an additional                                                                                                                                                                                                                                                                                                                                                      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Surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | owner information can be found in the records of the register of deeds for the                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | county, and in the real estate property tax records of the county treasurer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                               | /: State: Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| and th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne KCC with a plat showing the predicted locations of lea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | se roads, tank batteries, pipelines, and electrical lines. The locations shown                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| and ti<br>on the<br>may b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ne KCC with a plat showing the predicted locations of lead<br>e plat are preliminary non-binding estimates. The location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Cathodic Protection Borehole Intent), you must supply the surface owners<br>se roads, tank batteries, pipelines, and electrical lines. The locations shown<br>as may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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The location he submitted.  It one of the following:  I certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or wi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | se roads, tank batteries, pipelines, and electrical lines. The locations shown is may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat plate of the Act (House Bill 2032), I have provided the following to the surface lill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| and the on the may b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | the KCC with a plat showing the predicted locations of lead are preliminary non-binding estimates. The location are submitted.  It one of the following:  I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or with CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone nurule I have not provided this information to the surface owner the KCC will be required to send this information to the surface.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | se roads, tank batteries, pipelines, and electrical lines. The locations shown is may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat plate of the Act (House Bill 2032), I have provided the following to the surface lill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| and the chool of t | the KCC with a plat showing the predicted locations of lead are preliminary non-binding estimates. The location are submitted.  It one of the following:  I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or with CP-1 that I am filing in connection with this form; 2) if the this form; and 3) my operator name, address, phone nurule I have not provided this information to the surface owner the KCC will be required to send this information to the stask, I acknowledge that I am being charged a \$30.00.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | se roads, tank batteries, pipelines, and electrical lines. The locations shown is may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat belocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by mber, fax, and email address.  Ser(s). I acknowledge that, because I have not provided this information, surface owner(s). To mitigate the additional cost of the KCC performing to handling fee, payable to the KCC, which is enclosed with this form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| and the may be seen as the see | tone KCC with a plat showing the predicted locations of lead of plat are preliminary non-binding estimates. The location of plat are preliminary non-binding estimates. The location of the submitted.  It cortify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or with CP-1 that I am filing in connection with this form; 2) if the third form; and 3) my operator name, address, phone nuruly I have not provided this information to the surface owner the KCC will be required to send this information to the suffice this task, I acknowledge that I am being charged a \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option, submit payment of the \$30.00 cosing the second option and the associated Form C-1, Form CB-1, Form | betice Act (House Bill 2032), I have provided the following to the surface and form being filed is a Form C-1 plat, Form CB-1, Form T-1, or Form CB-1, the plat(s) required by the form being filed is a Form C-1 or Form CB-1, the plat(s) required by the form being filed is a Form C-1 or Form CB-1, the plat(s) required by the form being filed is a Form C-1 or Form CB-1, the plat(s) required by the form being filed is a Form C-1 or Form CB-1, the plat(s) required by the form being filed is a Form C-1 or Form CB-1, the plat(s) required by the form being filed is a Form C-1 or Form CB-1, the plat(s) required by the form being filed in form bein |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

| Name                                 | Address1                | Address2           | City        | State | diZ        | Sec | Twp | Rng |
|--------------------------------------|-------------------------|--------------------|-------------|-------|------------|-----|-----|-----|
| SCHWEER, ARNOLD C & CLARA FAYE       | 4575 N VFW RD           |                    | GARDEN CITY | KS    | 67846-7007 | 31  | 23  | 32W |
| GRIMM, SHERYL K & BRUCE              | 101 NUNN DR             |                    | HOLCOMB     | KS    | 67851-9710 | 31  | 23  | 32W |
| MONCADA, ROGELIO & CONCEPCION        | 2505 A ST               |                    | GARDEN CITY | KS    | 67846-2827 | 31  | 23  | 32W |
| MONCADA, ROGELIO & CONCEPCION        | 4127 N 8TH ST           |                    | GARDEN CITY | KS    | 67846-9609 | 31  | 23  | 32W |
| STANDLEY, MICHAELS & JENNIFER M      | 14550 N VFW RD          |                    | GARDEN CITY | KS    | 67846-9237 | 31  | 23  | 32W |
| DEINES, DUSTIN LTRUST dated 10-26-11 | 700 S PRAIRIE VIEW TRL  |                    | GARDEN CITY | KS    | 67846-9314 | 31  | 23  | 32W |
| LARSON FAMILY FARM LLC               | Attn: ERIC LARSON       | 501 N TALLYRAND ST | WICHITA     | KS    | 67206-1531 | 31  | 23  | 32W |
| LARSON FAMILY FARM LLC               | Attn: GINA LARSON ADAMS | 501 N TALLYRAND DR | WICHITA     | KS    | 67206-1531 | 31  | 23  | 32W |

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