# 060105\_Batt\_B.pd

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

# REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form. Check Applicable Boxes: Effective Date of Transfer: June 1, 2005 Oil Lease: No. of Oil Wells \_\_\_1 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 111649 Gas Gathering System: Lease Name: Batt "B" Saltwater Disposal Well - Permit No.: \_\_\_ \_ NW \_ SW \_ SE Sec. 2 Twp. 16 R. 14 feet from N / S Line Legal Description of Lease: SE/4 2-16S-14W feet from E / W Line Barton County, Kansas Enhanced Recovery Project Permit No.: RECEIVED County: Russell Entire Project: Yes No **Number of Injection Wells DEC 1 4 2012** Kansas City Production Zone(s): Field Name: Trapp Injection Zone(s): \*\* Side Two Must Be Completed. feet from N / S Line of Section Surface Pit Permit No.: \_ (API No. if Drill Pit. WO or Haul) E / W Line of Section feet from Type of Pit: **Emergency** Burn Settling Haul-Off 5184 Mike McGlocklin Past Operator's License No. Contact Person: \_ Phone: (785) 483-3141 Shields Oil Producers, Inc. Past Operator's Name & Address: 326 South Main, Russell, KS 67665 Title: Production Supervisor Contact Person: Terry E. Morris New Operator's License No. -New Operator's Name & Address: Terry E. Morris d/b/a GLM Company Phone: 785-483-1307 P.O. Box 193 Russell, Kansas 67665 Oil / Gas Purchaser: NCRA Date: December 11, 2012 Title: Owner/operator Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_ noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. is acknowledged as the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit permitted by No.: \_\_\_\_ Date: Authorized Signature Authorized Signature DISTRICT -Mail to: Past Operator \_

**New Operator** 

### Side Two

Must Be Filed For All Wells

KDOR Lease No.:	111649	
-		

Well No.	API No.	Footage from 9		Type of Well	Well Status
(YR DRLD/PRE '67)		(i.e. FSL = Feet from South Line)		(Oil/Gas/INJ/WSW)	(PROD/TA'D/Abandoned)
4	15-009-22720	990 (FSL)FNL	2310 FEL FWL	Oil	Producer
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		DEC 1 4 2012
		FSL/FNL	FEL/FWL		KCC WICHIT

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.

Address 1: 1.5. Box 195  Address 2: Lease Name: Lease	m T-1 involving multiple surface owners, attach an additional		
Address 1: P.O. Box 193  Address 2: Lease Name: Ease Name: County: Barton Lease Name: Lease Name: Ease Name: Ease Name: Ease Name: Lease Name: Ease Name:	att "B" Well #: 4  If for multiple wells on a lease, enter the legal description of the second secon		
Address 2:  City: Russell  State: KS Zip: 67665	.1 for multiple wells on a lease, enter the legal description o		
Contact Person:  Terry E. Morris  Terry E. Morris  Terry E. Morris  Phone: ( 785 ) 483-1307 Fax: ( 785 ) 483-2331  Email Address: morris@eaglecom.net  Surface Owner Information:  Name: Alice Batt  Address 1: 18597 S. County Line Road  Address 2: county. In Example 1: 18597 S. County Line Road  Address 2: Fax: ( 785 ) 483-2331  When filling a Formation of the filling a F	.1 for multiple wells on a lease, enter the legal description o		
Contact Person: Terry E. Morris  Phone: ( 785  ) 483-1307	m T-1 involving multiple surface owners, ettach an additional		
Surface Owner Information:  Name: Alice Batt  Address 1: 18597 S. County Line Road  Address 2:	m T-1 involving multiple surface owners, attach an additional		
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Russell  State: KS  Zip: 67665 + 8834  If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Bore the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipeline are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 203: owner(s) of the land upon which the subject well is or will be located: 1) a copy or CP-1 that I am filling in connection with this form; 2) if the form being filed is a Form form; and 3) my operator name, address, phone number, fax, and email address.  I have not provided this information to the surface owner(s). I acknowledge that, be KCC will be required to send this information to the surface owner(s). To mitigate			
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CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form form; and 3) my operator name, address, phone number, fax, and email address.  I have not provided this information to the surface owner(s). I acknowledge that, be KCC will be required to send this information to the surface owner(s). To mitigate	Form CB-1 plat, or a separate plat may be submitted.		
Andrian C. (Stranwo energy and Of Collegin Collegin Discourse) to mitigate	100 E01100 C 4 Cause OD 4 E		
f choosing the second option, submit payment of the \$30.00 handling fee with this form. orm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.	Pho odditional and at the 1700 to the		
hereby certify that the statements made herein are true and correct to the best of my know	the additional cost of the KCC performing this KCC, which is enclosed with this form.		
Signature of Operator or Agent: Luy E. Mouse	the additional cost of the KCC performing this KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1		
	the additional cost of the KCC performing this KCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 eledge and belief.		

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

KCC WICHITA