## 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

RECEIVED

| Gil Lease: No. of Oil Wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Chack Applicable Boyes: MUST be submi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | itted with this form.                                                                                          |
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| Gas Lease: No. of Gas Wells  Gas Gathering System:  Selvester Disposal Well - Permit No.: D25,296  Sol Location:  Selvester Disposal Well - Permit No.: D25,296  Sol Location:  Selvester Disposal Well - Permit No.: D25,296  Sol Location:  Sent from   Selvester Disposal Well - Permit No.: D25,296  Sol Location:  Sent from   Selvester Disposal Well - Permit No.: Side Two Must Be Completed.  Surface Pit Permit No.: Application of Lease: SmSW of Sec. 13-285-4E  County: Butler  Production Zone(s): Arbuckle  Injection Zone(s): Arbuckle  Injection Zone(s): Arbuckle  Production Zone(s): Arbuckle  Injection Zone | Check Applicable Boxes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Effective Date of Transfer: December 1, 2012 DEC 0 3 2012                                                      |
| Gas Gathering System: Selewater Disposal Well - Permit No: D26, 296 Spot Location: Spot Location |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Saltwater Disposal Well - Permit No 126,296  Spot Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Spot Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Enhanced Recovery Project Permit No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Entire Project: Yes No Number of Injection Wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | feet from E / W Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |
| Number of Injection Wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Enhanced Recovery Project Permit No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NWNW of Sec. 20-28S-4E & NENE of Sec. 19-28S-4E                                                                |
| Number of Injection Wells                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Entire Project: Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | County: Butler                                                                                                 |
| Injection Zone(s): Arbuckle Open Hole 2519 to 2770   Surface Pit Permit No:   (API No. if Drill Pit. WO or Haur)   feet from   | Number of Injection Wells **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | in a second control of the second control of the second control of the second control of the second control of |
| Surface Pit Permit No:    API No.   Drill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Field Name: Augusta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ļ .                                                                                                            |
| Surface Pit Permit No:    (API No. il Drill Pit, WO or Haw)   feet from   N /   S Line of Section   feet from   E /   W Line of Section   feet from   feet fro |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Type of Pit.   Emergency   Burn   Settling   Haul-Off   Workover   DrillingECEIVED   Past Operator's License No.   31389 / Contact Person:   Jay Ablah   DEC 1 9 2012   15   Past Operator's Name & Address:   Noble Petroleum, Inc.   Phone:   316-636-5155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | feet from N / S Line of Section                                                                                |
| Past Operator's License No. 31389/  Past Operator's License No. 31389/  Past Operator's Name & Address: Noble Petroleum, Inc. 3101 N Rock Rd, Ste 125, Wichita, KS 67226  3101 N Rock Rd, Ste 125, Wichita, KS 67226  Title: President  New Operator's License No. 5030 / Contact Person Rondow, Nutt  New Operator's Name & Address: Vess Oil Corporation  New Operator's Name & Address: Vess Oil Corporation  1700 Waterfront Pkwy, Bldg 500, Wichita, KS 67206  Oil / Gas Purchaser: Coffeyville Resources Refining & Marketing LLC  Date: 11-30-12  Signature:  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.  New Operator and may continue to inject fluids as authorized by Permit No: 1-36-3516. Recommended action: permit No: 1-36-3616. Recommended action: pe |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Past Operator's License No.  Past Operator's Name & Address:  Noble Petroleum, Inc.  3101 N Rock Rd, Ste 125, Wichita, KS 67226  Title: President  New Operator's License No.  New Operator's License No.  New Operator's Name & Address:  Vess Oil Corporation  Phone: 316-682-1537, Ext. 117  Toll Waterfront Pkwy, Bldg 500, Wichita, KS 67206  Oil / Gas Purchaser:  Oil / Gas Purchaser:  Oil / Gas Purchaser:  Signature:  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Type of Pit: Emergency Burn Settling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |
| Past Operator's Name & Address: Noble Petroleum, Inc.  3101 N Rock Rd, Ste 125, Wichita, KS 67226  Title: President  New Operator's License No.  New Operator's Name & Address: Vess Oil Corporation  New Operator's Name & Address: Vess Oil Corporation  Phone: 316-682-1537, Ext. 117  Oil / Gas Purchaser: Coffeyville Resources Refining & Marketing LLC  Date: 11-30-12  Signature:  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # has been noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.  Permit No: 1-30-34 Recommended action: permitted by No: Authorized Signature  Date: 1-30-12  Date: 1-30-12  Authorized Signature  PRODUCTION Authorized Signature  PRODUCTION Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Past Operator's License No. 31389 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Contact Person: Jay Ablah DEC 1 9 2012                                                                         |
| 3101 N Rock Rd, Ste 125, Wichita, KS 67226  Title: President  New Operator's License No. 5030 / Contact Person Rondyc. Nutt  New Operator's Name & Address: Vess Oil Corporation  1700 Waterfront Pkwy, Bidg 500, Wichita, KS 67206  Title: Vice President - Operations  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Past Operator's Name & Address Noble Petroleum, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 316-636-5155                                                                                                   |
| Title: President  New Operator's License No. 5030 / Contact Person Rondoc Nutt  New Operator's Name & Address: Vess Oil Corporation  Phone: 316-682-1537, Ext. 117  1700 Waterfront Pkwy, Bidg 500, Wichita, KS 67206  Date: 11-30-12  Title: Vice President - Operations  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | // NCL WICHITA 😤                                                                                               |
| New Operator's License No. 5030 / Contact Person Ronald Nutt  New Operator's Name & Address: Vess Oil Corporation Phone: 316-682-1537, Ext. 117  1700 Waterfront Pkwy, Bldg 500, Wichita, KS 67206 Oil / Gas Purchaser: Coffeyville Resources Refining & Marketing LLC  Date: 11-30-12  Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The second second                                                                                              |
| New Operator's Name & Address: Vess Oil Corporation  New Operator's Name & Address: Vess Oil Corporation  Phone: 316-682-1537, Ext. 117  1700 Waterfront Pkwy, Bidg 500, Wichita, KS 67206  Date: 11-30-12  Signature: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title: President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Signature:                                                                                                     |
| New Operator's Name & Address: Vess Oil Corporation  New Operator's Name & Address: Vess Oil Corporation  Phone: 316-682-1537, Ext. 117  1700 Waterfront Pkwy, Bidg 500, Wichita, KS 67206  Date: 11-30-12  Signature: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pondel Nutt                                                                                                    |
| Oil / Gas Purchaser: Coffeyville Resources Refining & Marketing LLC  Date: 11-30-12  Signature: Signature: has been noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.  Permit No: Date: Da |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Oditact i croom                                                                                                |
| 1700 Waterfront Pkwy, Bldg 500, Wichita, KS 67206  Oil / Gas Purchaser: Coffeyville Resources Refining & Marketing LLC  Date: 11-30-12  Signature:  Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | New Operator's Name & Address: Vess Oil Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |
| Title: Vice President - Operations  Date: 11-30-12  Signature: Signature: has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.  Vess Oil Corporation is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Date: D |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Oil / Gas Purchaser: Coffeyville Resources Refining & Marketing LLC                                            |
| Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Title: Vice President - Operations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | # 0 0 C K                                                                                                      |
| 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.    Vess Oil Corporation   is acknowledged as   is acknowledged as   is acknowledged as   the new operator and may continue to inject fluids as authorized by   Permit No.: D-36-396   Recommended action:   permitted by No.:   Date:   Date:   Authorized Signature   Date:   Authorized Signature   PRODUCTION   1.1.1.3   UIC   Date:   Date | THE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |
| 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.    Vess Oil Corporation   is acknowledged as   is acknowledged as   is acknowledged as   the new operator and may continue to inject fluids as authorized by   Permit No.: D-36-396   Recommended action:   permitted by No.:   Date:   Date:   Authorized Signature   Date:   Authorized Signature   PRODUCTION   1.1.1.3   UIC   Date:   Date | Astropuladoment of Transfer: The above request for transfer of injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | n authorization, surface pit permit # has been                                                                 |
| Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.    Vess Oil Corporation   is acknowledged as   is acknowledged as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| Less   Corporation   is acknowledged as   is acknowledged as   the new operator and may continue to inject fluids as authorized by   the new operator of the above named lease containing the surface pit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| the new operator and may continue to inject fluids as authorized by  Permit No.: D-26-296. Recommended action:  Date: D-26-12  Date: D-26-12  Permit No.: D-26-12  Date: D-26-12  Date: D-26-12  Permit No.: D-26-12  Date: D-26-12  Date: D-26-12  Permit No.: D-26-12  Date: D-26-12  Date: D-26-12  Date: D-26-12  Permit No.: D-26-12  Date: D-26- | Commission records only and does not convey any ownership interest in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | o above injection includes a purpose                                                                           |
| Permit No.:         D-26-296         Recommended action:         permitted by No.:           Need U3C'5         Fox 2011         Date:         Date:           Date:         Authorized Signature         Authorized Signature    PRODUCTION 1.1.13 UIC 12-26-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Vess Oil Corporation is acknowledged as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | is acknowledged as                                                                                             |
| Date: D-26-12 Date: Date: Date: Authorized Signature  DISTRICT EPR /2/21/12 PRODUCTION 1.11.13 UIC 12-26-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | the new operator and may continue to inject fluids as authorized by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the new operator of the above named lease containing the surface pit                                           |
| Date: D-26-12 Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Territoria de la constitución de | permitted by No.:                                                                                              |
| Authorized Signature / Authorized Signature / Authorized Signature    DISTRICT EPR /2/21/12 PRODUCTION 1.1.1.3 UIC 12-26-12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Need USCS for 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |
| DISTRICT EPR /2/21/12 PRODUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |
| DISTRICT TRESCONDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 12/2//2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | / ///2   12-21-12                                                                                              |
| Mail to: Past Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12 21 (12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12 2/ 12                                                                                                       |

#### Must Be Filed For All Wells

KDOR Lease No.: 141807

| * Lease Name:    | Stanley Jones                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | * Location: S         | WSW of Sec. 17 & NV                                  | VNW of Sec. 20-28S-4E                                                  |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------|------------------------------------------------------|------------------------------------------------------------------------|
| Well No.         | API No.<br>(YR DRLD/PRE '67)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Footage from<br>(i.e. FSL = Feet fr | &1<br>Section Line    | NWSW of Sec. 17<br>Type of Well<br>(Oil/Gas/INJ/WSW) | and NENE of Sec. 19-<br>28S-4E<br>Well Status<br>(PROD/TA'D/Abandoned) |
| 1                | 15-015-23898-00-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 165 Circle                          | 990 Circle<br>Sec. 20 | Oil                                                  | PROD Sec 20                                                            |
| 2                | 15-015-23899-00-00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 990 FSU/FNL of                      | 480 FELFWL            | Oil                                                  | PROD Sec17                                                             |
| Haskins-Jones #1 | <u>15-015-23917-00-00</u> √                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | 330 FEL/FWL           | Oil                                                  | PROD '' /7                                                             |
| Haskins-Jones #2 | 15-015-23918-00-00 🗸                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of<br>990 FSL(FNL)                  | Sec. 17<br>990 FEDFWL | Oil                                                  | TA'd Sec.                                                              |
| W. Haskins #2    | 15-015-22605,00-01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4991 (FSL)FNL                       |                       | SWDW                                                 | Active '' /                                                            |
|                  | - Alderson |                                     | Sec. 19 FEL/FWL       |                                                      |                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      | _                                                                      |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      |                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      |                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      |                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      |                                                                        |
|                  | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FSL/FNL                             | FEL/FWL               |                                                      |                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               | -10-00-00-00-00-00-00-00-00-00-00-00-00-             |                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      |                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      |                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      | RECEIVED                                                               |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      | DEC 1 9 2012                                                           |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      |                                                                        |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      | KCC WICHITA                                                            |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      |                                                                        |
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|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                       |                                                      | KCC WICHITA                                                            |
|                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FSL/FNL                             | FEL/FWL               |                                                      | _                                                                      |

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

KCC WICHITA

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

| OPERATOR: License # 5030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mall Laggion.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPERATOR: License # 5030  Name: Vess Oil Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address 1: 1700 Waterfront Pkwy, Bldg 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | County: Butler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | County: Butler  Lease Name: Stanley Jones Well #: 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| City: Wichita State: KS 7in: 67206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | If filing a Form T-1 for multiple wells on a lease, enter the legal description of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Contact Person: Ronald C. Nutt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | the lease below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| City: Wichita State: KS Zip: 67206 + Contact Person: Ronald C. Nutt  Phone: ( 316 ) 682-1537, Ext. 117 Fax: ( 316 ) 686-3521                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SWSW of Sec. 17 & NWNW of Sec. 20-28S-4E  & NWSW of Sec. 17 and NENE of Sec. 19-28S-4E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - and NEME Of Sec. 17-205-4E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Surface Owner Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name: Stanley J. Jones Address 1: 20400 SW Santa Fe Lake Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | When filing a Form T-1 involving multiple surface owners, attach an additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Address 1: 20400 SW Santa Fe Lake Rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | county, and in the real estate property tax records of the county treasurer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| City: Douglass State: KS Zip: 67039 +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| are preliminary non-binding estimates. The locations may be entered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ank batteries, pipelines, and electrical lines. The locations shown on the plat<br>d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| are preliminary non-binding estimates. The locations may be entered Select one of the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <ul> <li>are preliminary non-binding estimates. The locations may be entered</li> <li>Select one of the following:</li> <li>I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                           | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this                                                                                                                                                                                                                                                                                                                                                                                                |
| are preliminary non-binding estimates. The locations may be entered Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax.  I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface.                                                                                                                                                                      | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul> <li>are preliminary non-binding estimates. The locations may be entered Select one of the following:</li> <li>I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax</li> <li>I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handless.</li> </ul>                                                                    | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.  I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.                                                                                                                                                               |
| <ul> <li>are preliminary non-binding estimates. The locations may be entered Select one of the following:</li> <li>I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax</li> <li>I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handled form and the associated Form C-1, Form CB-1, Form T-1, or Form CB-1.</li> </ul> | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.  I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.  In the fee is not received with this form, the KSONA-1 CP-1 will be returned.                                                                                |
| <ul> <li>are preliminary non-binding estimates. The locations may be entered Select one of the following:</li> <li>I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax</li> <li>I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handled form and the associated Form C-1, Form CB-1, Form T-1, or Form CB-1.</li> </ul> | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.  I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.  In the fee is not received with this form, the KSONA-1 CP-1 will be returned.  It to the best of my knowledge and belief.  Title: Vice President, Operations |
| Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax  I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handle form and the associated Form C-1, Form CB-1, Form T-1, or Form CB I hereby certify that the statements made herein are true and correct                                       | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.  I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form.  In give with this form. If the fee is not received with this form, the KSONA-1 cP-1 will be returned.                                                        |

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