100110 Aiken Acres.pdf

KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division

Form must be Signed All blanks must be Filled

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

	with the Kansas Surface Owner Notification Act, tied with this form.
Oil Lease: No. of Oil Wells **	Effective Date of Transfer: 10-01-2010
X Gas Lease: No. of Gas Wells	219412
	KS Dept of Revenue Lease No.:
Gas Gathering System:	Lease Name: AIKEN ACRES
Saltwater Disposal Well - Permit No.:	Sec. 20 Twp. 33S R. 13E E W
Spot Location:feet from N / S Line	Legal Description of Lease: N 2 + N 2 0 € 5/2
feet from E / W Line	
Enhanced Recovery Project Permit No.:	0+ Sec 30
Entire Project: Yes No	County: Chautauqua
Number of Injection Wells**	Production Zone(s):
Field Name: UNKNOWN	
** Side Two Must Be Completed.	Injection Zone(s):
Curtos Di D	Continue Classification of Continue Classification
Surface Pit Permit No.: 130 1320237 (API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section
	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling OP
Past Operator's License No. 33344 Exp 12/30/10	Contact Person: RICHARD MARLIN
Past Operator's Name & Address: QUEST CHEROKEE LLC	Phone: 405-702-7480
210 PARK AVE, STE 2750, OKLAHOMA CITY, OK 73102	11-23-2010
	Date:
Title: VP OF ENGINEERING	Signature: Kiefard Marken
New Operator's License No. 33343	Contact Person: RICHARD MARLIN
New Operator's Name & Address:	Phone: 405-702-7480
POSTROCK MIDCONTINENT PRODUCTION LLC	Oil / Gas Purchaser: POSTROCK MIDCONTINENT PRODUCTION LLC
210 PARK AVE, STE 2750, OKLAHOMA CITY, OK 73102	Date: 11-23-2010
Title: VP OF ENGINEERING	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
Tibe:	Signature: 9 till and Justin
Acknowledgment of Transfer: The above request for transfer of injection :	authorization, surface pit permit # 1501926237 has been
· · · · · · · · · · · · · · · · · · ·	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	• • • • • • • • • • • • • • • • • • • •
is acknowledged as	is acknowledged as
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit
Permit No.:	permitted by No.:
Date:	Date: Authorized Signature
	PRODUCTION 3. 13. 13 uic 3-13-13
DISTRICT EPR 3/1/3 F Mail to: Past Operator New Operato	
•	

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

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KDOR	LEASE NAME	WELL NO	LOCATION	API NUMBER	FOOTAGE	TYPE OF WELL	STATUS
	Aiken	M-1	SW NW SW - SEC 20/33S/13E	1501926234	1650 FSL 330 FWL	GAS	PRODUCING
218412	AIREII	M-3	S2 NW SE - SEC 20/33S/13E	1501926236	1650 FSL 3300 FWL		PRODUCING
.,	mage of the manager of the state of the stat	M-5	W2 SW NW - SEC 20/335/13E	1501926238	, 3300 FSL 330 FWL	GAS	PRODUCING
	of the second se	M-6	NW NW NW - SEC 20/33S/13E	1501926239	330 5 660-FNL 1400 FWL330 W	GAS	PRODUCING
	AIKEN ACRES	M-4	SW NE - SEC 20/33S/13E	1501926237 🗸	2381 FNL 1628 FEL	GAS	PRODUCING

3800 FNL 1400 FEL

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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 # 33343	Well Location:			
OPERATOR: License # 33343 Name: POSTROCK MIDCONTINENT PRODUCTION LLC	Sec. 20 Twp. 33S S. R. 13E East West			
Address 1: 210 PARK AVE, STE 2750	County: Chautauqua			
indress 2:	Lease Name: AIKEN ACRES Well #:			
Contact Person: RICHARD MARLIN Phone: (405) 600-7704 Fax: (405) 600-7718	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: RICHARD MARLIN	the lease below: $N/2 + N/3 \text{ of } S/2 \text{ of}$			
Phone: (405) 600-7704 Fax: (405) 600-7718	Sec. 20			
Email Address:				
Surface Owner Information:				
Name: AIKEN ACRES INC	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface			
Address 1: 0	owner information can be found in the records of the register of deeds for the			
Address 2: 1347 ROAD 31	county, and in the real estate property tax records of the county treasurer.			
City: HAVANA State: KS Zip: 67347 +				
are preliminary non-binding estimates. The locations may be entered	ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
ire 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 form form; and 3) my operator name, address, phone number, fax I have not provided this information to the surface owner(s).	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			
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