031813\_White.pdf

Form T-1 March 2010 Form must be Typed

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

| Form KSONA-1, Certification of Compliance w<br>MUST be submitt            | ith the Kansas Surface Owner Notification Act,<br>led with this form.      |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Check Applicable Boxes:                                                   | Effective Date of Transfer: 03-18-2013                                     |
| Oli Lease: No. of Oli Wells                                               |                                                                            |
| Gas Lease: No. of Gas Wells                                               | KS Dept of Revenue Lease No.: 122362                                       |
| Gas Gathering System:                                                     | Lease Name: WHITE                                                          |
| Saltwater Disposal Well - Permit No.:                                     | <u>NE - NE - SE - Sec. 18 Twp. 33 R. 2</u> ✓ E W                           |
| Spot Location: feet from N / S Line feet from E / W Line                  | Legal Description of Lease: NE NE SE                                       |
| Enhanced Recovery Project Permit No.:                                     |                                                                            |
| Entire Project: Yes 🗸 No                                                  | County: SUMNER                                                             |
| Number of Injection Wells **                                              | Production Zone(s): MISSISSIPPI                                            |
| Field Name: RUTTER NORTHWEST                                              | NONE                                                                       |
| ** Side Two Must Be Completed.                                            | Injection Zone(s): NONE                                                    |
| Surface Pit Permit No.:                                                   | feet from N / S Line of Section                                            |
| (API No. if Drill Pit, WO or Haul)                                        | feet from E / W Line of Section                                            |
| Type of Pit: Freegency Burn Settling                                      | Haul-Off Workover 7 P Drilling                                             |
| Type of Pit: Emergency Burn Settling                                      |                                                                            |
| Past Operator's License No. 30046 Exp. 3/30/13                            | Contact Person: DONNIE JENKINS                                             |
| Past Operator's Name & Address: DON JENKINS(deceased)ESTATE               | Phone: 620-446-1381                                                        |
| P.O. BOX 956, ARKANSAS CITY, KS, 67005                                    | 03-23-2013                                                                 |
|                                                                           | Date:                                                                      |
| Title: OWNER                                                              | Signature:                                                                 |
| New Operator's License No                                                 | Contact Person: DONNIE JENKINS, JR.                                        |
| New Operator's Name & Address: DONNIE JENKINS, JR.                        | Phone: 620-446-1381                                                        |
|                                                                           |                                                                            |
| 14711 296TH RD                                                            | Oil / Gas Purchaser: PHILLIP 66                                            |
| ARKANSAS CITY, KS 67005                                                   | Date: 03-23-2013                                                           |
| Title: OWNER                                                              | Signature                                                                  |
| Acknowledgment of Transfer: The above request for transfer of injection   | authorization, surface pit permit #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 of the above named lease containing the surface pit       |
| the new operator and may continue to inject fluids as authorized by       |                                                                            |
| Permit No.: , Recommended action:                                         | permitted by No.:                                                          |
| Date:                                                                     | Date:                                                                      |
| Authorized Signature                                                      | Authorized Signature                                                       |
| DISTRICT EPR                                                              | PRODUCTION # 9. /3 UIC 4-9-13                                              |
| Mail to: Past Operator New Opera                                          | torDistrict                                                                |

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

#### Side Two

### Must Be Filed For All Wells

| KDOR Lease    | No.: 122362                  | Musi Du i                               | -lied for All Wells            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|---------------|------------------------------|-----------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| * Lease Name: |                              |                                         | * Location:                    | 8-33S-2E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from S<br>(i.e. FSL = Feet from | Section Line<br>om South Line) | Type of Well<br>(Oil/Gas/INJ/WSW)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Well Status<br>(PROD/TA'D/Abandoned) |
| 1             | 15-191-21-723                | 23/6 Circle<br>330 FSIVFNL              | 330 FELTWL                     | OIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PROD                                 |
|               |                              | FSL/FNL                                 | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              | FSL/FNL                                 | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                    |
|               |                              |                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              | FSL/FNL                                 | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              | FSL/FNL                                 | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              | FSL/FNL                                 | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              | FSL/FNL                                 | FEL/FWL                        | - Alberta - Albe |                                      |
|               |                              |                                         | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              | FSL/FNL                                 | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              | FSL/FNL                                 | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              |                                         | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              | FSL/FNL                                 | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              |                                         | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              |                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              | FSL/FNL                                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              |                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              |                                         | FEL/FWL                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECEIVED WSAS CORPORATION COMMISSION |
|               |                              |                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|               |                              |                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |

A separate sheet may be attached if necessary

<sup>\*</sup>When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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

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

| OPERATOR: License # 34874                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Well Location:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: DONNIE JENKINS, JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NE_NE_SESec. 18 Twp. 33 S. R. 2 X East West                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| DPERATOR: License # 34874  Name: DONNIE JENKINS, JR.  Address 1: 14711 296TH RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | County: SUMNER  Lease Name: WHITE Well #: 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lease Name: WILLE Well #: Well #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| City: ARKANSAS CITY State: KS Zip: 67005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | If filing a Form T-1 for multiple wells on a lease, enter the legal description o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Contact Person: DONNIE JENKINS, JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | the lease below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Address 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Email Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Surface Owner Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Name: JOHN J. & KIMBERLI R. SILHAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | When filing a Form T-1 involving multiple surface owners, attach an additiona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name: JOHN J. & KIMBERLI R. SILHAM Address 1: P.O. BOX 604                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OVEODD KS _ 67119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| If this form is being submitted with a Form C-1 (Intent) or CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and roads, tank batteries, pipelines, and electrical lines. The locations shown on the pla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| If this form is being submitted with a Form C-1 (Intent) or CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and roads, tank batteries, pipelines, and electrical lines. The locations shown on the pla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| If this form is being submitted with a Form C-1 (Intent) or CE the KCC with a plat showing the predicted locations of lease are preliminary non-binding estimates. The locations may be Select one of the following:  I certify that, pursuant to the Kansas Surface Owners: of the land upon which the subject well is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted by the Form C-1 plat and the following to the surface for will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form of the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this                                                                                                                                                                                                                                                       |
| If this form is being submitted with a Form C-1 (Intent) or CE the KCC with a plat showing the predicted locations of lease are preliminary non-binding estimates. The locations may be Select one of the following:  I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone num  I have not provided this information to the surface ow KCC will be required to send this information to the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted by Notice Act (House Bill 2032), I have provided the following to the surface for will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form of the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this                                                                                                                                                                                                                               |
| If this form is being submitted with a Form C-1 (Intent) or CE the KCC with a plat showing the predicted locations of lease are preliminary non-binding estimates. The locations may be Select one of the following:    I certify that, pursuant to the Kansas Surface Owner(s) of the land upon which the subject well is a CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone num   I have not provided this information to the surface ow KCC will be required to send this information to the task, I acknowledge that I am being charged a \$30.0                                                                                                                                                                                                                                                                                                                                                                                                                                           | B-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and roads, tank batteries, pipelines, and electrical lines. The locations shown on the plate entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted by the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this inber, fax, and email address.  I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this inhandling fee, payable to the KCC, which is enclosed with this form.                                        |
| If this form is being submitted with a Form C-1 (Intent) or CE the KCC with a plat showing the predicted locations of lease are preliminary non-binding estimates. The locations may be Select one of the following:    I certify that, pursuant to the Kansas Surface Owner(s) of the land upon which the subject well is a CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone num   I have not provided this information to the surface ow KCC will be required to send this information to the task, I acknowledge that I am being charged a \$30.0 of the choosing the second option, submit payment of the \$30.0 of the choosing the second option, submit payment of the \$30.0 of the choosing the second option, submit payment of the \$30.0 of the choosing the second option, submit payment of the \$30.0 of the choosing the second option, submit payment of the \$30.0 of the choosing the second option, submit payment of the second option is the choosing the second option. | 3-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and roads, tank batteries, pipelines, and electrical lines. The locations shown on the plate entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted by the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this inber, fax, and email address.  I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this both handling fee, payable to the KCC, which is enclosed with this form.  The form CP-1 will be returned. |

RECEIVED KANSAS CORPORATION COMMISSION

APR 0 3 2013

### **AFFIDAVIT**

## STATE OF KANSAS, COUNTY OF COWLEY, ss:

COMES NOW, BARBARA JENKINS, of lawful age, and being first duly sworn, upon her oath, states:

- That she is a resident of Arkansas City, Cowley County, Kansas residing at 1520 North 23<sup>rd</sup> Street, Arkansas City, Kansas 67005.
- That she is the surviving spouse of Donald Gene Jenkins, Sr., who passed away on the 10<sup>th</sup> day of June, 2012, a resident of Arkansas City, Cowley County, Kansas.
- 3. That at the time of Donald Gene Jenkins, Sr's. death, he was the holder of an operator's license issued by the Kansas Corporation Commission, and which authorized the Decedent to operate oil and gas wells within the State of Kansas.
- 4. That all assets owned by Donald Gene Jenkins, Sr., were held in joint tenancy with rights of survivorship with Affiant, Barbara Jenkins. That as a consequence, there is no occasion or necessity to initiate a probate proceeding for the estate of Donald Gene Jenkins, Sr.
- 5. That all of the oil and gas leases upon which Donald Gene Jenkins, Sr. was the operator, he did not own any interest therein and that he was merely the operator for the owners of such leases.
- 6. That Decedent's son, Donnie G. Jenkins, Jr., has obtained an operator's license from the Kansas Corporation Commission, License No. 34874, and is now in the process of causing the operation of such leases to be transferred from Donald Gene Jenkins, Sr. to Donnie G. Jenkins, Jr..
- 7. That this Affidavit is being executed for the purpose of evidencing that Barbara Jenkins is the surviving spouse of Donald Gene Jenkins, Sr. and to provide evidence of her relationship and the absence of a probate proceeding whereby the undersigned Affiant may execute on behalf of the Decedent, appropriate T-1 Change of Operator Forms for the Kansas Corporation Commission.

Affiant further saith naught.

Dated this  $27^{12}$  day of March, 2013.

BARBARA JENKINS

STATE OF KANSAS, COUNTY OF COWLEY, ss:

On the 29 day of March, 2013, before me a Notary Public within and for said County and State, personally came BARBARA JENKINS, personally known by me to be