KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

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

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form. Check Applicable Boxes: Effective Date of Transfer: Oil Lease: No. of Oil Wells _____1 KS Dept of Revenue Lease No.: 129744 Gas Lease: No. of Gas Wells . Gas Gathering System: Lease Name: C Peterson Saltwater Disposal Well - Permit No.: _ _<u>sw__sw__nw__sec._4</u>__Twp.__20__R._9 feet from N/ S Line Legal Description of Lease: 10 acres SW SW NW feet from E / W Line Enhanced Recovery Project Permit No.: RÉCEIVED County: Rice Entire Project: Yes No KANSAS CORPORATION COMMISSION Number of Injection Wolls Production Zone(s): MAY 0 3 2013 Field Name: Chase-Silica Injection Zone(s): **CONSERVATION DIVISION** ** Side Two Must Be Completed. WICHITA KS feet from N / S Line of Section Surface Pit Permit No.: _ (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Drilling Workover Settling Haul-Off Type of Pit: Emergency Burn 34559 √ Past Operator's License No. WM KS Energy Resources LLC Past Operator's Name & Address: _ P.O. Box H, Plainville, KS 67663 Contact Person: R. A. (Dick) Schremmer New Operator's License No. Phone: 316-524-1225 New Operator's Name & Address: Bear Petroleum LLC P.O. Box 438 Oil / Gas Purchaser: Haysville, KS 67060 Title: President Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. __ is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: _ _____ . Recommended action: Permit No.: Date: Date: Authorized Signature Authorized Signature PRODUCTION DISTRICT -Mail to: Past Operator New Operator District



Side Two

Must Be Filed For All Wells

KDOR Lease No.: 129744

* Lease Name:	C Peterson		Location:		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-159-21143	2310 Circle	330 Circle	Oil	Prod
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	<u></u>	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL			
		FSL/FNL			
NA Beat control of the second					
			FEL/FWL		
		FSI /FNI	FEI /FWI		

A separate sheet may be attached if necessary

^{*} 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.

Name: Bear Petroleum LLC Address 1: P.O. Box 438 Address 2:	Well Location:SW_SW_NW_Sec4Twp20SR9East \infty West County: Rice Lease Name: C Peterson
Address 1: P.O. Box 438 Address 2:	County: Rice Lease Name: C Peterson Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: RECEIVED KANSAS CORPORATION COMMISSION MAY 0 3 2013 CONSERVATION DIVISION WICHITA, KS When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the
Address 2: City: Haysville State: KS Zip: 67060 Contact Person: R. A. (Dick) Schremmer Phone: (316) 524-1225 Fax: (316) 524-1027 Email Address: showland@bearpetroleum.com Surface Owner Information: Name: Peterson Management LLC Address 1: 1335 10th Rd. Address 2: City: Chase State: KS Zip: 67524 Fax: (10tent) or CB-1 (Cathodic in the KCC with a plat showing the predicted locations of lease roads, tank base	Lease Name: C Peterson Well #: 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: RECEIVED KANSAS CORPORATION COMMISSION MAY 0 3 2013 CONSERVATION DIVISION WICHITA, KS When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the
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the KCC with a plat showing the predicted locations of lease roads, tank bar	
Select one of the following:	tteries, pipelines, and electrical lines. The locallons shown on the plate Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
☑ I certify that, pursuant to the Kansas Surface Owner Notice Act (I owner(s) of the land upon which the subject well is or will be locat CP-1 that I am filing in connection with this form; 2) if the form bein form; and 3) my operator name, address, phone number, fax, and €	ed: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form g filed is a Form C-1 or Form CB-1, the plat(s) required by this
☐ I have not provided this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling fee	(s). To mitigate the additional cost of the KCC performing this
If choosing the second option, submit payment of the \$30.00 handling fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 wi	
I hereby certify that the statements made herein are true and correct to the	
Date: 4-22-13 Signature of Operator or Agent:	best of my knowledge and belief.

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