

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:

☒ Oil Lease: No. of Oil Wells 7 **
☒ Gas Lease: No. of Gas Wells 4 **
☐ Gas Gathering System: _____
☐ Saltwater Disposal Well - Permit No.: _____
Spot Location: _____ feet from ☐ N / ☐ S Line
_____ feet from ☐ E / ☐ W Line
☒ Enhanced Recovery Project Permit No.: E-27749
Entire Project: ☒ Yes ☐ No
Number of Injection Wells 1 **
Field Name: Peru-Sedan

**** Side Two Must Be Completed.**

Effective Date of Transfer: 5-1-2013
KS Dept of Revenue Lease No.: 120696 & 215176
Lease Name: Oakridge
_____ Sec. 12,14 Twp. 33S R. 12 ☒ E ☐ W
Legal Description of Lease: Portions of Sections 11,12,13,14,15, 23
T33S-R12E *SW/4 *NE/4
County: Chautauqua
Production Zone(s): Arbuckle Dolomite, Mulky Shale, Redd Sandstone
Injection Zone(s): Arbuckle Dolomite

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 32255 /
Past Operator's Name & Address: Kansas Energy Company, LLC
P.O. Box 68 Sedan, KS 67361
Title: Member Agent

Contact Person: Matt Jones
Phone: 620-725-3636
Date: 5-29-13
Signature: [Signature]

New Operator's License No. 31302 /
New Operator's Name & Address: Jones & Buck Development, LLC
P.O. Box 68 Sedan, KS 67361
Title: Member

Contact Person: P.J. Buck
Phone: 620-725-3636
Oil / Gas Purchaser: Coffeyville Resources
Date: 5-29-13
Signature: [Signature]

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CONSERVATION DIVISION
WICHITA, KS

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

Jones & Buck Development LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-27749 . Recommended action: NONE
Date: 7-1-13 Cheryl L. Boyer
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____
Date: _____
Authorized Signature

DISTRICT _____ EPR 6/27/13 PRODUCTION 7-5-13 UIC 7-1-13
Mail to: Past Operator 7-1-13 New Operator 7-1-13 District 3 7-1-13

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

* Lease Name: **Oakridge**

* Location: Portions of Sections 11, 12, 13, 14, 15, 23 - T33S - R12E

[illegible]

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A separate sheet may be attached if necessary

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* SW/4 sec. 12 and NE/4-sec. 14 per T. Doty 6/27/13.

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

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**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.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 31302
Name: Jones & Buck Development, LLC
Address 1: P.O. Box 68
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____
Contact Person: P.J. Buck
Phone: (620) 725-3636 Fax: (_____) _____
Email Address: jonesbuck103@yahoo.com

Well Location:
_____ Sec. _____ Twp. 33 S. R. 12 ☒ East ☐ West
County: Chautauqua
Lease Name: Oakridge Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Portions of Sections 11,12,13,14,15,23
T33S-R12E SW/4 NE/4

Surface Owner Information:

Name: Maxine Grider
Address 1: 2701 SW 29th
Address 2: _____
City: Oklahoma City State: OK Zip: 73119 + _____

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 county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- ☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 5-29-13 Signature of Operator or Agent: [Signature] Title: operator

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