

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 _____ **

☒ Gas Lease: No. of Gas Wells 1 **

☐ Gas Gathering System: _____

☒ Saltwater Disposal Well - Permit No.: D-28676

Spot Location: 1281 feet from ☒ N / ☐ S Line

1044 feet from ☐ E / ☒ W Line

☐ Enhanced Recovery Project Permit No.: _____

Entire Project: ☐ Yes ☐ No

Number of Injection Wells _____ **

Field Name: Paola-Rantoul

Effective Date of Transfer: 6-17-13 228095 ✓

KS Dept of Revenue Lease No.: #5-1222307, #5-5 SWD4WA

Lease Name: SAVAGE

_____ NW4 Sec. 5 Twp. 18 R. 21 ☒ E ☐ W

Legal Description of Lease: NW4 of Sec. 5-T18-R21E

County: Franklin

Production Zone(s): Lexington, Mineral, AW, BW & Riverton

Injection Zone(s): ARBUCKLE

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

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

_____ feet from ☐ N / ☐ S Line of Section

_____ feet from ☐ E / ☐ W Line of Section

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

Past Operator's License No. 5150 ✓

Past Operator's Name & Address: COLT ENERGY, INC.

P.O. BOX 388, IOLA, KS. 66749

Title: OFFICE MANAGER

Contact Person: DENNIS KERSHNER

Phone: 620-365-3111

Date: 7/18/13

Signature: [Signature]

KCC WICHITA

New Operator's License No. 6142 ✓

New Operator's Name & Address: TOWN OIL COMPANY INC.

16205 W 287TH ST PAOLA KS 66071

Title: PRESIDENT

Contact Person: LESTER TOWN

Phone: 913-294-2125

Oil / Gas Purchaser: PACER ENERGY MARKETING, LLC

Date: 7/16/13

Signature: [Signature]

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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.

Town Oil Company Inc is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-28.676 . Recommended action: NONE

Date: 7-29-13 [Signature]
Authorized Signature

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

Date: _____
Authorized Signature

DISTRICT _____	PRODUCTION <u>8-14-13</u>	UIC <u>7-29-13</u>
Mail to: Past Operator <u>7-29-13</u>	New Operator <u>7-29-13</u>	District <u>3</u> <u>7-29-13</u>

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

KDOR Lease No.: ~~#5-1-222307, #5-5 SWD N/A~~

* Location: NW/4 of Sec. 5-T18-R21E

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* 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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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

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 # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 + _____
Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: _____

Well Location:
_____ NW Sec. 5 Twp. 18 S. R. 21 ☒ East ☐ West
County: FRANKLIN
Lease Name: SAVAGE Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
NW4

Surface Owner Information:

Name: JAMES SAVAGE, TRUSTEE OF JUDITH SAVAGE REV TRUST
Address 1: 4442 HAMILTON TERRACE
Address 2: _____
City: RANTOUL State: KS Zip: 66079 + 908

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: 7-19-13 Signature of Operator or Agent: Shirley Stotler Title: PRODUCTION CLERK

KCC WICHITA

JUL 22 2013

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