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 1 Effective Date of Transfer: __08/01/2013 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 114652 Gas Gathering System: Lease Name: Dyer #1 Saltwater Disposal Well - Permit No.: _SW _ NE _ SW Sec. 30 Twp. 18 R. 14 Spot Location: 1650 feet from N / S Line Legal Description of Lease: SW/ 4 3630 feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes County: Barton Number of Injection Wells Production Zone(s): Lansing Group Field Name: ERNA Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No.: N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Settling Haul-Off Workover Jim Cain Contact Person: Jim Cain Phone: 620-793-3606 Past Operator's Name & Address: 150 NE 20 Rd, Great Bend KS 67530 08/01/2013 Date: Title: Owner Signature: RECEIVED Contact Person: Mike Kelso New Operator's License No. 31528 🗸 AUG 1 3 2013 New Operator's Name & Address: Mike Kelso Oil, Inc. Phone: 620-938-2943 **CONSERVATION DIVISION** PO Box 467 Oil / Gas Purchaser: NCRA WICHITA, KS Chase, KS 67524 Date: 08/01/2013 Title: President 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 is acknowledged as the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit . Recommended action: permitted by No.: _ Date: Authorized Signature Authorized Signature DISTRICT Mail to: Past Operator New Operator

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 114652

| * Lease Name: | Dyer #1 | | * Location: SW NE SW 30-18s-14w Barton Co. | | | |
|---------------|------------------------------|--|--|---|---------------------------|--|
| Well No. | API No. (YR DRLD/PRE '67) | Footage from Section Line (i.e. FSL = Feet from South Line) | | Type of Well Well Status (Oil/Gas/INJ/WSW) (PROD/TA'D/Abanda | | |
| 1 | 15-009-22278 | 1650 Circle | 3630 Circle | Oil | PROD | |
| | | FSL/FNL | FEL/FWL | | | |
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| <u> </u> | | FSL/FNL | FEL/FWL | REC KANSAS CORPOR | EIVED ATION COMMISSION | |
| | | FSL/FNL | FEL/FWL | | 1 3 2013 | |
| | | FSL/FNL | FEL/FWL | CONSERVA | TION DIVISION HITA, KS | |

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.

| OPERATOR: License # 31528 | Well Location: | | |
|--|--|--|--|
| Name: Mike Kelso Oil, Inc. | SW_NE_SW_Sec. 30 Twp. 18 S. R. 14 East X Wes | | |
| Address 1: PO Box 467 | County: Barton | | |
| Address 2: | | | |
| City Chase State: KS 7in: 67524 | | | |
| Contact Person: Mike Kelso | If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below: | | |
| Contact Person: Mike Kelso Phone: (620) 938-2943 Fax: (620) 938-2945 | | | |
| Email Address: | | | |
| Surface Owner Information: Name: Harlan Stoss | | | |
| Address 1: 105 1st Street | When filing a Form T-1 involving multiple surface owners, attach an addition 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: Olmitz State: KS Zip: 67564 + | county, and in the real estate property tax records of the county treasurer. | | |
| are preliminary non-binding estimates. The locations may be entered Select one of the following: | d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitt | | |
| owner(s) of the land upon which the subject well is or will be | e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this k, and email address. | | |
| | | | |
| I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling. | I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form. | | |
| KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling the second option, submit payment of the \$30.00 handling the second option. | owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA | | |
| KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling | owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSON/P-1 will be returned. | | |
| KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling the second option. submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CI | owner(s). To mitigate the additional cost of the KCC performing this ing fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSON/P-1 will be returned. It to the best of my knowledge and belief. | | |

AUG 1 3 2013