

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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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 5 \*\*
- Gas Gathering System: \_\_\_\_\_
- Saltwater Disposal Well - Permit No.: D-28882  
Spot Location: \_\_\_\_\_ feet from  N /  S Line  
\_\_\_\_\_ feet from  E /  W Line
- Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project:  Yes  No  
Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Exodus - Guilford  
**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: August 1, 2013  
KS Dept of Revenue Lease No.: 138545, 229086  
Lease Name: COX  
\_\_\_\_\_ SW \_\_\_\_\_ NE \_\_\_\_\_ SE Sec. 19 Twp. 28 R. 16  E  W  
Legal Description of Lease: SE of S19-T28S-R16E; NW & NE of S29-T28S-R16E; NW & SE & SW of S20-T28S-R16E;  
County: WILSON  
Production Zone(s): Cherokee Coals  
Injection Zone(s): N/A Arbuckle

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  Drilling

Past Operator's License No. 32912 /  
Past Operator's Name & Address: Carroll Energy, LLC  
PO Box 766; Independence, KS 67301  
Title: Land Man

Contact Person: Terry Carroll Jr.  
Phone: (800) 917-1618  
Date: August 7, 2013  
Signature: [Signature]

New Operator's License No. 34420 /  
New Operator's Name & Address: Exodus Gas & Oil LLC  
1001 McKinney St., Suite 804  
Houston, TX 77002  
Title: Manager

Contact Person: Brian Lingard  
Phone: (281) 822-2939  
Oil / Gas Purchaser: Texla  
Date: August 7, 2013  
Signature: [Signature]

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OCT 04 2013  
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.

Exodus Gas + Oil LLC is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: D-28882 . Recommended action: NONE  
Date: 10-8-13 Cheryl R. Beyer  
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 10/7/13 PRODUCTION 10-8-13 UIC 10-8-13  
Mail to: Past Operator 10-8-13 New Operator 10-8-13 District (3) 10-8-13



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.*

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

OPERATOR: License # 34420  
Name: Exodus Gas & Oil LLC  
Address 1: 1001 McKinney St., Suite 804  
Address 2: \_\_\_\_\_  
City: Houston State: TX Zip: 77002 + \_\_\_\_\_  
Contact Person: Brian Lingard  
Phone: ( 281 ) 822-2939 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_\_-SW\_-NE\_-SE Sec. 19 Twp. 28 S. R. 16  East  West  
County: WILSON  
Lease Name: COX Well #: 19-D3

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*  
SE of S19-T28S-R16E; NW & NE of S29-T28S-R16E; NW & SE & SW of S2  
0-T28S-R16E;

**Surface Owner Information:**

Name: FSA for the account of Danny Cox  
Address 1: 410 Peter Pan Road  
Address 2: \_\_\_\_\_  
City: Independence State: KS Zip: 67301 + \_\_\_\_\_

*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.*

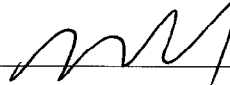
*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary 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: August 7, 2013 Signature of Operator or Agent:  Title: Manager

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