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,

	nitted with this form.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 10/1/2013 KS Dept of Revenue Lease No.: 115081 Lease Name: Sellens SE/A Sec. 29 Twp. 15S R. B E W W Legal Description of Lease: SE/4 29-15S-13W County: Russell RECEIVED
Number of Injection Wells **	Production Zone(s): Arbuckle
Field Name: Trapp ** Side Two Must Be Completed.	Injection Zone(s): CONSERVATION DIVISION
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover O D Drilling
Past Operator's License No	Contact Person: Linda Boxberger
Past Operator's Name & Address: Carl Boxberger Oil, Inc.	Phone: (620)793-6032
PO Box 1604, Great Bend, KS 67530-1604	Date:
Title: President	Signature: Linda Box berger
New Operator's License No. 31528	Contact Person: Mike Kelso
New Operator's Name & Address: Mike Kelso Oil, Inc. PO Box 467	Phone: (620)938-2943 Oil / Gas Purchaser: Plains Marketing, LLP
Chase, KS 67524	Date: 9/21/2013
Title: Presiden	Signature:
Acknowledgment of Transfer: The above request for transfer of injection anoted, approved and duly recorded in the records of the Kansas Corporation (Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation
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
Permit No.: Recommended action;	permitted by No.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR	PRODUCTION 10.7.13 UIC 10-17-13

Side Two

lls

			Must Be Filed For All Wel
KDOR Lease No.:	115081	ν	

* Lease Name:	Sellens		* Location:	SE/4 29-15S-13W	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
29-1	15-167-21619 V	1320 Circle	330 FELFWL	Oil	PROD
2	15-167-22719	825 KSL)FNL	1320 (FEL) FWL	Oil	PROD
3	15-167-22922	2310 FSVFNL	× × ×	Oil	PROD
		FSL/FNL	FEL/FWL		
	W-0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	FSL/FNL	FEL/FWL		
		FSL/FNL			
	1	FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
-		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	4.0	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	A11	FSL/FNL	FEL/FWL		
-		FSL/FNL	FEL/FWL _		
		FSL/FNL _	FEL/FWL		
		FSL/FNL	FEL/FWL _		
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		FSL/FNL	FEL/FWL	KANSAS	RECEIVED CORPORATION COMMISSION
		FSL/FNL _	FEL/FWL _		OCT 0 1 2013
		FSL/FNL _	FEL/FWL	C	ONSERVATION DIVISION WICHITA, KS
		FSL/FNL _	FEL/FWL _		·

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		
Name: Mike Kelso Oil, Inc.	Well Location:	
Address 1: PO Box 467	Sec. 29 Twp. 15 S. R. 13 East X West	
Address 2:	County: Russell Lease Name: Sellens Well #:	
Ciny Chase - KS 67524 0467		
Contact Person. Mike Kelso	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:	
Phone: (620) 938-2943 Fam: (620) 938-295	SE/4 29-15S-13W	
Contact Person: Mike Kelso Phone: (620) 938-2943 Fax: (620) 938-295 Email Address: mike@mikestesting.com		
Surface Owner Information: Name: Gerald & Virginia Boomhower Trust #1 Address 1: 3172 188th St.	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	
Address 2:	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.	
City: Russell State: KS Zip: 67665 +	the county is a suite of the county is a suite.	
The service sering edentificed with a rount Of the fill of CB-1 (Calif	odic Protection Borenole Intent), you must supply the surface owners and	
are preliminary non-binding estimates. The locations may be entered	nk batteries, pipelines, and electrical lines. The locations shown on the plat 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 owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.	
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). It is KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, payable to the KCC, which is enclosed with this form.	
 Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, if KCC will be required to send this information to the surface owner(s). It is KCC will be required to send this information to the surface owner(s). It is KCC will be required to send this information to the surface owner(s). It is KCC will be required to send this information to the surface owner(s). It is KCC will be required to send this information to the surface owner(s). It is KCC will be required to send this information to the surface owner(s). It is the following the second option, submit payment of the \$30.00 handling the choosing the second option, submit payment of the \$30.00 handling. 	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.	

RECEIVED KANSAS CORPORATION COMMISSION

OCT 0 1 2013