KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

FOR THE STATE OF THE

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 16 Effective Date of Transfer: 11, 25, 2013 Gas Lease: No. of Gas Wells ** KS Dept of Revenue Lease No.: 115281 Gas Gathering System: Lease Name: Robert Smith Saltwater Disposal Well - Permit No.: _____ Sec. 34 Twp. 28S R. 19 VE W Spot Location: ______feet from N / S Line Legal Description of Lease: SW1/4 NE1/4,E1/2 NW1/4,NE1/4 feet from E / W Line SE1/2 SW1/4 sec 34 twp 28s r19e Enhanced Recovery Project Permit No.: _____ Entire Project: Yes No KCC WICHITA County: Neosho Number of Injection Wells Production Zone(s): Bartlesville DEC 04 2013 None Injection Zone(s): RECEIVED ** Side Two Must Be Completed. Surface Pit Permit No.: feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section Type of Pit: Emergency Burn Settling Workover Haul-Off Charles See Past Operator's License No. Contact Person: Phone: 620-754-3939 See Oil Past Operator's Name & Address: 315 N. Washington Stark, KS 34195 Contact Person: Ricky Carpenter New Operator's License No. New Operator's Name & Address: O'Connell, James P. Phone: 620-778-5419 16525 E. 35TH ST CT Oil / Gas Purchaser: Pacer Energy Marketing LLC Date: 11/25/2013 Independence, MO 64055 Title: Operator 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.: _____ Authorized Signature Authorized Signature DISTRICT ... Mail to: Past Operator _____ New Operator District ____

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 115281

* Lease Name	Robert Smith		* Location:	Neosho County Sec 34	Гwp 28s R 19E
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)
1	15-133-21865 🗸	3995 ESD FNL	220 Circle	oil	Prod
2	15-133-24378	4325 FSD FNL	550 FED FWL	oil	Prod
4	15-133-24379 [/]	4655 (SD)/FNL	660 FEVFWL	oil	Prod
5	15-133-24380	3995 (S) FNL	550 FED/FWL	oil	Prod
6	15-133-19823	3775 FS JENL	660 FEDFWL	oil	Prod
F-24	15-133-23177	4180 FSD/FNL	220 FEDFWL	oil	Prod
W-9	15-133-24381	3520 ESDFNL	440 FBJFWL	oil	Prod
T-9	15-133-24441	3555 (ESL/FNL	1100 @ FWL	oil	Prod
R-12	15-133-24442	2860 FS)/FNL	1540 (FE) /FWI	oil	Prod
L-6	15-133-24652	4180 FS /FNL	2860 FEVFWL	oil	Prod
L-12	15-133-23179/	2860 FSL/FNL	2860 FEDFWL	oil	Prod
P-8	15-133-24440/	3740 (S)/FNL	1980 FEVFWL	oil	Prod
L-24	15-133-23181/	220 FS /FNL	2860 FEVFWL	oil	Prod
L-19	15-133-23180	1390 (S)/FNL	2880 FEYFWL	oil	Prod
J-3	15-133-24611	4840 (S)/FNL	3300 FE/FWL	oil	Prod
P-3	15-133-23186	4880 (S)/FNL	1980 FEV/FWL	oil	Prod
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700 700 All \$1111117		FSL/FNL	FEL/FWL		DEC 04 2013
		FSL/FNL	FEL/FWL		RECEIVED

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 # 34195	Well Location:		
Name: O'Connell, James P	Sec. 34 Twp. 28S s. R. 19 X East West		
Name: O'Connell, James P Address 1: 16525 E 35TH ST CT	County: Neosho		
Address 2:	Lease Name: Robert Smith Well #: Multiple		
City: Independence State: MO Zip: 64055 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description o		
Contact Person: Ricky Carpenter	the lease below:		
Phone: (620) 778-5419 Fax: ()	3VV 1/4 NC 1/4)C 1/2 NVV 1/4)NC 1/4/		
Email Address:	SE1/4 SW1/4 Sec 34 Twp 28s R 19e		
Surface Owner Information: Name: Robert Smith			
Address 1: HC 67 Box 560	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: Antlers State: OK Zip: 74523 + 9512			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Catt the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered	hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Catt the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered 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 filing in connection with this form; 2) if the form form; and 3) my operator name, address. phone number, fax,	Act (House BIII 2032), I have provided the following to the surface elocated: 1) a copy of the Form C-1, Form CB-1, the plat(s) required by this, and email address. I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

MCC WICHITA

DEC 04 2013

RECEIVED