

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

120113-Alberti-INS.pdf

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 16 \*\*  
☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*  
☐ Gas Gathering System: \_\_\_\_\_  
☐ Saltwater Disposal Well - Permit No.: \_\_\_\_\_  
Spot Location: \_\_\_\_\_ feet from ☐ N / ☐ S Line  
\_\_\_\_\_ feet from ☐ E / ☐ W Line  
☒ Enhanced Recovery Project Permit No.: E - 20,308  
Entire Project: ☒ Yes ☐ No  
Number of Injection Wells 4 \*\*

Field Name: Paola - Rantoul

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

Effective Date of Transfer: 12/01/2013

KS Dept of Revenue Lease No.: 114568

Lease Name: Alberti

\_\_\_\_\_ NW Sec. 30 Twp. 16S R. 22 ☒ E ☐ W

Legal Description of Lease: The NW/4 of 30-16S-22E

County: Miami

Production Zone(s): Squirrel

Injection Zone(s): Squirrel

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. 34350

Contact Person: Douglas G. Evans

Past Operator's Name & Address: Altavista Energy, Inc.

Phone: 785-883-4057

PO Box 128, Wellsville, KS 66092

Date: 12/02/2013

Title: President

Signature: \_\_\_\_\_ **KCC WICHITA**

New Operator's License No. 3895

Contact Person: Robert Eberhart

**DEC 26 2013**

New Operator's Name & Address: Bobcat Oilfield Services, Inc.

Phone: 913-837-2823

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30805 Coldwater Road

Oil / Gas Purchaser: CVR Energy

Louisburg, KS 66053

Date: 12/02/2013

Title: Treasurer

Signature: \_\_\_\_\_

**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.

Bobcat Oilfield Services Inc is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: E-20,308 . Recommended action: NONE

Date: 1-3-14 Cheryl J. Boyer  
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 1/2/14 PRODUCTION JAN 07 2014 UIC 1-3-14  
Mail to: Past Operator 1-3-14 New Operator 1-3-14 District 3 1-3-14

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

## Must Be Filed For All Wells

KDOR Lease No.: 114568 ✓

\* Lease Name: Alberti

\* Location: The NW/4 of 30-16S-22E; Miami County, KS

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
6	15-121-21076-0000 ✓	3760	<div>Circle FSL/FNL</div> 2970	OIL	PROD
7	15-121-21436-0000 ✓	4422	<div>Circle FSL/FNL</div> 2820	OIL	PROD
8	15-121-21437-0000 ✓	4653	<div>Circle FSL/FNL</div> 3135	OIL	PROD
9	15-121-21438-0000 ✓	4833	<div>Circle FSL/FNL</div> 3718	OIL	PROD
10	15-121-21439-0000 ✓	4815	<div>Circle FSL/FNL</div> 3885	OIL	PROD
11	15-121-21596-0000 ✓	5120	<div>Circle FSL/FNL</div> 2880	OIL	PROD
12	15-121-02211-0000 ✓	5120	<div>Circle FSL/FNL</div> 3210	OIL	PROD
13	15-121-02212-0000 ✓	5120	<div>Circle FSL/FNL</div> 3540	OIL	PROD
14	15-121-21916-0000 ✓	5120	<div>Circle FSL/FNL</div> 4620	OIL	PROD
15	15-121-21917-0000 ✓	4770	<div>Circle FSL/FNL</div> 5120	OIL	PROD
16	15-121-21918-0000 ✓	4640	<div>Circle FSL/FNL</div> 4050	OIL	PROD
17	15-121-23561-0000 ✓	4833	<div>Circle FSL/FNL</div> 4215	OIL	PROD
18	15-121-23765-0000 ✓	4210	<div>Circle FSL/FNL</div> 3795	OIL	PROD
19	15-121-25094-0000 ✓	2850	<div>Circle FSL/FNL</div> 2805	OIL	PROD
20	15-121-25095-0000 ✓	3430	<div>Circle FSL/FNL</div> 2970	OIL	PROD
22	15-121-26666-0000 ✓	4210	<div>Circle FSL/FNL</div> 2805	OIL	PROD
			FSL/FNL	FEL/FWL	
W 1	15-121-25871-0001 ✓	4950	<div>Circle FSL/FNL</div> 2970	INJ	ACTIVE
W 2	15-121-25870-0001 ✓	4620	<div>Circle FSL/FNL</div> 2970	INJ	ACTIVE
W 3	15-121-26107-0000 ✓	4950	<div>Circle FSL/FNL</div> 3165	INJ	ACTIVE
W 4	15-121-26108-0000 ✓	4590	<div>Circle FSL/FNL</div> 3340	INJ	ACTIVE
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	
			FSL/FNL	FEL/FWL	

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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.*

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

OPERATOR: License # 34350  
Name: Altavista Energy, Inc.  
Address 1: PO Box 128  
Address 2: \_\_\_\_\_  
City: Wellsville State: KS Zip: 66092 + \_\_\_\_\_  
Contact Person: Phil Frick  
Phone: ( 785 ) 883-4057 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ NW Sec. 30 Twp. 16 S. R. 22 ☒ East ☐ West  
County: Miami  
Lease Name: Alberti Well #: ALL

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

**The NW/4 of 30-16S-22E; MIAMI COUNTY, KS**

**Surface Owner Information:**

Name: Terry Paul  
Address 1: 27385 Pressonville Road  
Address 2: \_\_\_\_\_  
City: Wellsville State: KS Zip: 66092 + \_\_\_\_\_

*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: 12/02/2013 Signature of Operator or Agent: [Signature] Title: President

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