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,

Check Applicable Boxes: MUST be subm	itted with this form.
Oil Lease: No. of Oil Wells **	Effective Date of Transfer: 12/1/13
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.:
Gas Gathering System:	Lease Name: SCHMIDT (ANDY)
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	NE/4 SEC 13-19S-1W
Entire Project: Yes No	County: MCPHERSON
Number of Injection Wells**	Production Zone(s): MISSISSIPPIAN
Field Name:	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
	Haul-Off Workover Drilling
Past Operator's License No5399 /	Contact Person: Alan DeGood
Past Operator's Name & Address:Trek AEC, LLC	Phone: 316-263-5785
155 N. Market, Suite 710	Date: 12/17/13
Title: Vice President	Date:
Title:	Signature:
New Operator's License No	Contact Person: TERRY BANDY KCC WICHITA
New Operator's Name & Address: _TE-PE OIL & GAS	Phone: 620-245-8071
PO BOX 522, CANTON, KS 67428-0522	Oil / Gas Purchaser: NCRA
	/ O // RECEIVED
Title: OWNER	Date:
Title:	Signature: Lessy Bard
Acknowledgment of Transfer: The above request for transfer of injection	
	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
Permit No.: Recommended action:	permitted by No.:
Date:	Date:
Authorized Signature	Authorized Signature
	PRODUCTION
Mail to: Past Operator New Operator	or District 1



Side Two

Must Be Filed For All Wells

11706

Lease Name:	SCHMIDT (ANDY)		* Location: <u>N</u>	IE/4 SEC 13-19S-1W	
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-113-20407	/320 Circle 4290 S FSLEND	1320 *Circle 990 E EE/FWL	OIL	PROD
2	15-113-21029 /	4850 S FSL/FNL	350 E FEL/FWL	OIL	PROD
		FSL/FNL	FEL/FWL		· -
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		AMERICAN AND AND AND AND AND AND AND AND AND A
	ş ·	FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
trade ag		FSL/FNL	FEL/FWL		
	• '}	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
~		FSL/FNL	FEL/FWL	•	
	·	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
· · · · ·	* · ·	FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

When transferring a unit which obnisis 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

RECEIVED

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.

Name: TE-PE OIL & GAS Address 1: PO BOX 522 Address 2:	OPERATOR: License # 5920	Mall Landing
Address 1: PO BOX 522 Address 2: City. CANTON State: KS zip: 67428 + 0522 City. CANTON State: KS zip: 67428 + 0522 Contact Person: TERRY BANDY Phone: (620) 628-4428 Fax: (620) 628-4429 Email Address: Surface Owner Information: Name: DAVID SCHMIDT Address 2: City. CANTON State: KS zip: 67428 + 0212 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:		Well Location:
Address 2: City: CANTON State: KS Zip: 67428 + 0522 If filing a Form 7-1 for multiple wells on a lease, enter the legal description of the lease below: When filing a Form 7-1 for multiple wells on a lease, enter the legal description of the lease below: When filing a Form 7-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owners. Surface owner information are belound in the real estate property tax records of the register of deeds for the county, and in the real estate property tax records of the county treasurer. City: CANTON State: KS Zip: 67428 + 0212 When filing a Form 7-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner, and in the real estate property tax records of the register of deeds for the county, and in the real estate property tax records of the county treasurer. City: CANTON State: KS Zip: 67428 + 0212 When filing a Form 7-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner, surface owner, and in the real estate property tax records of the county treasurer. City: CANTON State: KS Zip: 67428 + 0212 When filing a Form 7-1 involving multiple surface owners, attach an additional sheet listing all of the information to the information to the county, and in the real estate property tax records of the county treasurer. City: CANTON State: KS Zip: 67428 + 0212 When filing a Form 7-1 involving multiple surface owners, attach an edition of the editions of the county and in the real estate property tax records of the county, and in the real estate property tax records of the county and the county, and in the real estate property tax records of the county and the county treasurer. If certify that, upursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following: Xi certify that, an illing in counter owner. Xi		County MCPHERSON
State: St		Lease Name: SCHMIDT (ANDY) Well #: 1 & 2
Contact Person: TERRY BANDY Phone: (620) 628-4428	City: CANTON State: KS Zip: 67428 + 0522	
Email Address: Surface Owner Information: Name: DAVID SCHMIDT	Contact Person: TERRY BANDY	
Email Address: Surface Owner Information: Name: DAVID SCHMIDT	Phone: (620) 628-4428 Fax: (620) 628-4429	
Name: DAVID SCHMIDT Address 1: PO BOX 212 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 owner information can be found in the records of the register of deeds for the owner information can be found in the records of the register of deeds for the owner information can be found in the records of the register of deeds for the owner, and in the real estate property tax records of the register of deeds for the owner, 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:		
Address 1: PO BOX 212 Address 2:	Surface Owner Information: Name: DAVID SCHMIDT	When filing a Form T.1 is valving multiple surface courses attach as a divisor.
Address 2: City: CANTON State: KS Zip: 67428 + 0212 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, 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.	Address 1: PO BOX 212	sheet listing all of the information to the left for each surface owner. Surface
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Thereby certify that the statements made herein are true and correct to the best of my knowledge and belief. Date: Signature of Operator or Agent:	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	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 T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this
Date: 1-7-14 Signature of Operator or Agent: Juny Band Title: OWNER KCC WICHITA	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, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface o	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 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
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202