KANSAS CORPORATION COMMISSION OIL & GAS CONSTRUCTION

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

Check Applicable Boxes: MUST be submit	with the Kansas Surrace Owner Notification Act, itted with this form.			
Oil Lease: No. of Oil Wells **	Effective Date of Transfer: December 1, 2013			
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 232124 Lease Name: TALBOT E2 _ NW _ NW _ SE Sec. 23 Twp. 23 R. 2			
Gas Gathering System:				
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.:	N/2 SE/4 SEC 23-T23S-R2W			
Entire Project: Yes No	County: HARVEY			
Number of Injection Wells**				
Field Name: Halstead South	Production Zone(s): Indian Cave			
** Side Two Must Be Completed.	Injection Zone(s):			
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 Of 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, WICHITA, KS 67202	Date: December 18, 2013			
Title: VICE PRESIDENT	Signature:			
New Operator's License No. 33948 J	Contact Person: MICHAEL SIGEL			
New Operator's Name & Address: C&J PRODUCTION, LLC RECEIVED 4 FAIRWAY DRIVE, MARION, KS 66861 KANSAS CORPORATION COMMISSION	Phone: 620-382-4084			
	Oil / Gas Purchaser: / Will How to Exercise of the Elive, Elec			
JAN 1 3 2014	Date: 1-10-2017			
Title: PARTNER CONSERVATION DIVISION WICHITA, KS	Date: /-/0-2017 Signature: 911			
Acknowledgment of Transfer: The above request for transfer of injection a noted, approved and duly recorded in the records of the Kansas Corporation C Commission records only and does not convey any ownership interest in the a	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.:			
Data	_			
Date:	Date:			
Mail to: Past Operator New Operator	RODUCTION 1.16.14 UIC 1-16-14			

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 232124				
* Lease Name:			* Location:E	22 NW NW SE SEC. 23	-T23S-R2W, HARVEY CO.
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
1-23	15-079-20679 V	2310 Circle FSL/FNL	2210 Circle FEL/FWL	Gas	Prod
		FSL/FNL	FEL/FWL		
A		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	- <u> </u>	FSL/FNL	FEL/FWL		
	<u> </u>	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	•	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	MINAROTORIA (CO.)	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

____ FSL/FNL _____ FEL/FWL

_____FEL/FWL

FSL/FNL ___

^{*} 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 # 33948	Matt Lagadian	
Name: C&J PRODUCTION, LLC	Well Location: F2 NW NW SE 23 - 23	2
Name: C&J PRODUCTION, LLC Address 1: 4 FAIRWAY	E2 NW NW SE Sec. 23 Twp. 23 County: HARVEY	S. R. East West
Address 2:	Lease Name: TALBOT	1-23
City: MARION State: KS Zip: 66861 +		
Contact Person: MICHAEL SIGEL	If filing a Form T-1 for multiple wells on a le the lease below:	ease, enter the legal description of
Contact Person: MICHAEL SIGEL Phone: (620) 382-4084 Fax: () SANSAS CORPORATE Email Address: JAN 1	TIVED TION COMMISSION	
Surface Owner Information: Name: HOWARD L. & PRISCILLA L. TALBOT Address 1: 5500 N. ST CLAIR	CIN DIVISION A, KS When filing a Form T-1 involving multiple suspect listing all of the information to the left owner information can be found in the reco	t for each surface owner. Surface rds of the register of deeds for the
Address 2:	county, and in the real estate property tax re	ecords of the county treasurer.
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a 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	nk batteries, pipelines, and electrical lines. The on the Form C-1 plat, Form CB-1 plat, or a set Act (House Bill 2032), I have provided the focated: 1) a copy of the Form C-1 Form C-1	to llowing to the surface
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,	being filed is a Form C-1 or Form CB-1, the	plat(s) required by this
I have not provided this information to the surface owner(s). It KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling	wner(s). To mitigate the additional cost of the	e KCC performing this
lf choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	g fee with this form. If the fee is not received 1-1 will be returned.	with this form, the KSONA-1
hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief.	
Date: 1-10-2014 Signature of Operator or Agent:		