

010214-Maifeld.pdf

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,  
MUST be submitted with this form.*

Check Applicable Boxes:

- Oil Lease: No. of Oil Wells \_\_\_\_\_ \*\*
- Gas Lease: No. of Gas Wells 1 \*\*
- 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.: \_\_\_\_\_
- Entire Project:  Yes  No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: CHERRY CREEK

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

Effective Date of Transfer: JANUARY 2, 2014

KS Dept of Revenue Lease No.: 231401 ✓

Lease Name: MAIFELD

\_\_\_\_\_ - \_\_\_\_\_ - NW Sec. 5 Twp. 5S R. 40  E  W

Legal Description of Lease: LOCATED IN THE NW/4 OF SECTION 5,  
TOWNSHIP 5 SOUTH, RANGE 40 WEST

County: CHEYENNE **KCC WICHITA**

Production Zone(s): NIOBRARA **JAN 14 2014**

Injection Zone(s): \_\_\_\_\_

**RECEIVED**

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 OK  Drilling

Past Operator's License No. 34110 ✓

Past Operator's Name & Address: CAERUS KANSAS LLC  
600 17TH STREET, SUITE 1600N, DENVER, CO 80202

Title: PRESIDENT

Contact Person: MATTHEW A. WURTZBACHER

Phone: 303-565-4600

Date: 1/10/14

Signature: Matthew Wurtzbacher AB

New Operator's License No. 35011 ✓

New Operator's Name & Address: CAERUS WASHCO LLC  
600 17TH STREET, SUITE 1600N, DENVER, CO 80202

Title: PRESIDENT

Contact Person: MATTHEW A. WURTZBACHER

Phone: 303-565-4600

Oil / Gas Purchaser: \_\_\_\_\_

Date: 1/10/14

Signature: Matthew Wurtzbacher AB

**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.

\_\_\_\_\_ is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: \_\_\_\_\_ . Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

*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 <u>1/22/14</u>	PRODUCTION <u>JAN 23 2014</u>	UIC <u>1-23-14</u>
Mail to: Past Operator _____	New Operator _____	District _____	

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



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 # 35011  
Name: CAERUS WASHCO LLC  
Address 1: 600 17TH STREET, SUITE 1600N  
Address 2:  
City: DENVER State: CO Zip: 80202 +  
Contact Person: MATTHEW A. WURTZBACHER  
Phone: ( 303 ) 565-4600 Fax: ( 303 ) 565-4606  
Email Address:

Well Location:  
- - - - - NW Sec. 5 Twp. 5 S. R. 40  East  West  
County: CHEYENNE  
Lease Name: MAIFELD Well #: 22-5

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

LOCATED IN SECTION 5, T5S-R40W

**Surface Owner Information:**

Name: MARGARET MAIFIELD REVOCABLE TRUST  
Address 1: RT 2 BOX 135  
Address 2:  
City: ST. FRANCIS State: KS Zip: 67756 +

*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.*

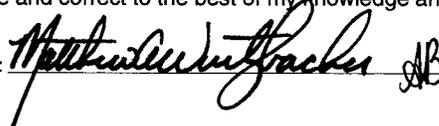
*If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary 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: 1/10/14 Signature of Operator or Agent:  Title: PRESIDENT

**KCC WICHITA**

**JAN 14 2014**

**RECEIVED**