KANSAS CORPORATION COMMISSION Dickey. pdf

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 submitted with this form. ✓ Oil Lease: No. of Oil Wells ___1 Effective Date of Transfer: 12-1-2013 Gas Lease: No. of Gas Wells ** Gas Gathering System:_ Lease Name: DICKEY Saltwater Disposal Well - Permit No.: ____ _- ____ NW Sec. 32 Twp. 16 R. 28 _____feet from N / S Line Legal Description of Lease: NW/4 OF 32-16-26W __ feet from F / W Line Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: LANE Number of Injection Wells _ Production Zone(s): CHEROKEE/MARM Injection Zone(s):_ Side Two Must Be Completed. Surface Pit Permit No.: _ _ feet from ___ N / ___ S Line of Section (API No. if Drill Pit. WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Settling Haul-Off Workover Drilling KCC WICHITA 5144 Past Operator's License No. Mark A. Shreve Contact Person: MULL DRILLING COMPANY INC Phone: 316-264-6366 Past Operator's Name & Address: 1700 WATERFRONT PKWY, STE 1200, WICHITA, KS 67206 Title: President Signature: Contact Person: Tracy hynes New Operator's License No. New Operator's Name & Address: QUEST ENERGY Phone: 785-283-4249 2732 N. REESE ROAD, BROOKVILLE, KS 67425 Oil / Gas Purchaser: Owner Title: 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 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: Authorized Signature Authorized Signature DISTRICT -UIC Mail to: Past Operator __

District

New Operator

Side Two

Must Be Filed For All Wells

* Lease Name:	DICKEY		* Location;_ 5	ESWNWNU	2 32-165-294
Weli 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)
1-32	15-101-21966	Circle FS (FNL)	385 Circle	011	PROB
		FSL/FNL	FEL/FWL	,	
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL			
		FSL/FNL			
		FSL/FNL			
		FSL/FNL			
***		FSL/FNL .	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		KCC WICHITA
•		FSL/FNL	FEL/FWL _		JAN 15 2014
		FSL/FNL	FEL/FWL _		RECEIVED
		FSL/FNL	FEL/FWL _		

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.

ODERATOR 5144	2		
OPERATOR: License # 5144	Well Location: 29 May		
Name: Mull Drilling Company, Inc. Address 1: 1700 Waterfront Pkwy, Ste 1200			
Address 2:	County: Lane		
City: Wichita State: KS Zip: 67206 + 6637	Lease Name: Dickey Well #:		
Contest December 2 State: NO Zip: 07200 + 6637	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:		
Contact Person: Mark A. Shreve Phone: (316) 264-6366 Fax: (316) 264-6440	uie lease delow:		
Email Address: Fax: (515) 257-577-5			
Citali Address:			
Surface Owner Information:			
Name: Keith Dickey Irr Trust	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 61 W. Rd 250	sneet 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: <u>Healy</u> State: <u>KS</u> zip: <u>67850</u> +			
	dic Protection Borehole Intent), you must supply the surface owners and a batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be loce. CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). Land	cknowledge that, because I have not provided this information, the		
	fee with this form. If the fee is not received with this form, the VOCALE A		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 17/16/13 Signature of Operator or Agent:	Title: President/Coo		

KCC WICHITA

JAN 15 2014