# 120113-Diener.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:	l
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 12/1/13
Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 210362 V
Gas Gathering System:	Lease Name: DIENER
Saltwater Disposal Well - Permit No.:	NE NE NE _ Sec, _35 _ Twp19SR1 E / W
Spot Location: feet from N / S Line	· — — — — —
feet from E / W Line	Legal Description of Lease: E2 NE SEC 35-19S-1W
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: MCPHERSON
Number of Injection Wells **	Production Zone(s):
Field Name: BITIKOFER NORTH	( )
** 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
Type of Pit: Emergency Burn Settling	Haul-Off Workover Del Drilling
/	
Past Operator's License No. 5399	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	Signature: When K tellood
New Operator's License No. 34501	Contact Person: TODD BAUER
New Operator's Name & Address: TODD BAUER	Phone: 620-489-6240
3020 HWY 56, WINDOM, KS 67491  KANSAS CORPORATION COMMISSION	
	Oil / Gas Furchaser.
JAN 1 3 2014	Date: 1-9-14
Title: OWNER CONSERVATION DIVISION WICHITA, KS	Signature:
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
noted, approved and duly recorded in the records of the Kansas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	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 JAN 2 3 2017 UIC 1-22-14
Mail to: Past Operator New Operato	or District

Side Two

#### Must Be Filed For All Wells

* Lease Name:	DIENER		* Location:	NE NE NE SEC 35-19S-1	W, MCPHERSON CO., 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)
1	15-113-20849 <sup>/</sup>	Circle 4950 S FSL/FNL	330 E Circle	GAS	INACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	444	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	<u></u>	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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	·				
		FSL/FNL	FEL/FWL		
			FEL/FWL	•	
		FSL/FNL			
			FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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 (Ca	thodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🗀 CP-1 (Plugging Application)
OPERATOR: License # 34501	Well Location:
Name: TODD BAUER	NENENE_ Sec. 35 Twp. 19 S. R. 1 East 🗷 West
Address 1: 3020 HWY 56	County: MCPHERSON
Address 2:	Lease Name: DIENER Well #: 1
City: WINDOM State: KS Zip: 67491 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: TODD BAUER	the lease below:
Phone: ( 620 ) 489-6240 Fax: ( )	
Consil Address.	
RECEIVED KANSAS CORPORATION COMMIS	SION
Surface Owner Information:  Name: JEAN KOEHN REV TR	M/h on filling a Course T d involving anything a
Address 1: 102 W WALNUT ST CONSERVATION DIVISI	When filing a Form T-1 involving multiple surface owners, attach an additional Owneet 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: MOUNDRIDGE State: KS Zip: 67107 +	, , , , , , , , , , , , , , , , , , , ,
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the	patteries, pipelines, and electrical lines. The locations shown on the plat
Select one of the following:	
<ul> <li>✓ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loc 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</li> <li>☐ I have not provided this information to the surface owner(s). I ack</li> </ul>	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ing filed is a Form C-1 or Form CB-1, the plat(s) required by this demail address.
KCC will be required to send this information to the surface owner task, I acknowledge that I am being charged a \$30.00 handling fe	er(s). To mitigate the additional cost of the KCC performing this
If choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	
I hereby certify that the statements made herein are true and correct to the	ne best of my knowledge and belief.
Date 1-9-14 Signature of Operator or Agents	Title: OWNER