

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: _____

**** Side Two Must Be Completed.**Effective Date of Transfer: 12/1/13KS Dept of Revenue Lease No.: 226373Lease Name: SOWERS A_____ SW _____ SE Sec. 27 Twp. 28S R. 6 ☐ E ☒ WLegal Description of Lease: SE/4 SEC 27-28S-6WCounty: KINGMAN

Production Zone(s): _____

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 SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ DrillingPast Operator's License No. 5399 ✓Past Operator's Name & Address: Trek AEC, LLC155 N. Market, Suite 710Title: Vice PresidentContact Person: Alan DeGoodPhone: 316-263-5785Date: 12/17/13Signature: Alan R. DeGood**KCC WICHITA****JAN 29 2014****RECEIVED**New Operator's License No. 4706 ✓New Operator's Name & Address: MESSENGER PETROLEUM, INC.525 S. MAIN ST., KINGMAN, KS 67068Title: PRESIDENTContact Person: JON MESSENGERPhone: 620-532-5400Oil / Gas Purchaser: AMERICAN ENERGIES PIPELINE, LLCDate: 1-23-14Signature: Jon T. Messenger

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 1-31-14 PRODUCTION 2.3.14 UIC 2-3-14
Mail to: Past Operator _____ New Operator _____ District _____

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

Must Be Filed For All Wells

KDOR Lease No.: 226373

* Lease Name: SOWERS A

* Location: SW SE SE SEC 27-28S-6W, KINGMAN CO., KS

[illegible]

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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 4706
Name: MESSENGER PETROLEUM, INC.
Address 1: 525 S. MAIN ST.
Address 2: _____
City: KINGMAN State: KS Zip: 67068 + _____
Contact Person: JON MESSENGER
Phone: (620) 532-5400 Fax: (_____) _____
Email Address: _____

Well Location: _____
SW SE SE Sec. 27 Twp. 28 S. R. 6 ☐ East ☒ West
County: KINGMAN
Lease Name: SOWERS A Well #: 1

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

Surface Owner Information:

Name: LEON & CARMEN SOWERS
Address 1: 13103 SE 40TH ST
Address 2: _____
City: MURDOCK State: KS Zip: 67111 + _____

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: 1-27-14 Signature of Operator or Agent: [Signature] Title: PRESIDENT

KCC WICHITA

JAN 29 2014

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JUN 14 2005

KANSAS CORPORATION COMMISSION
OIL & GAS DIVISIONForm ACO-1
September 1999
Form Must Be TypedWELL COMPLETION FORM
KCC WICHITA WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5399
 Name: American Energies Corporation
 Address: 155 North Market, Suite 710
 City/State/Zip: Wichita, KS 67202
 Purchaser: _____
 Operator Contact Person: Alan L. DeGood
 Phone: (316) (316) 263-5785
 Contractor: Name: Pickrell Drilling
 License: 5123
 Wellsite Geologist: None
 Designate Type of Completion:
☐ New Well ☐ Re-Entry ☒ Workover
☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd
☒ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: Donald T. Ingling GRAVES DRILLING CO
 Well Name: Sowers 1
 Original Comp. Date: 8/1/76 Original Total Depth: 4185'
☒ Deepening ☐ Re-perf. ☐ Conv. To Enhr/SWD
☐ Plug Back ☐ Plug Back Total Depth
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Enhr.?) ☐ Docket No. _____
 3/10/2005 3/14/05 3/16/05
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API NO. 15 - 15-095-20849-00-01
 County: Kingman
 SW SW SE 27 Sec. 28 S. R. 6 ☐ East ☒ West
4950' feet from S / N (circle one) Line of Section
2310' feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Sowers OWWO Well #: A-1
 Field Name: Dale
 Producing Formation: Mississippi
 Elevation: Ground: 1451' Kelly Bushing: 1456'
 Total Depth: 4185' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 8 5/8 @ 211' Feet
 Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

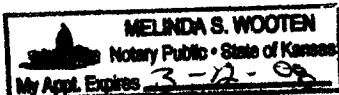
Chloride content 47,000 ppm Fluid volume 500 bbls
 Dewatering method used Water was hauled to another location
 Location of fluid disposal if hauled offsite: _____
 Operator Name: American Energies Corporation
 Lease Name: Greenleaf Ranch SWD License No.: 5399
 Quarter _____ Sec 7 Twp 28 S. R. 6 ☐ East ☒ West
 County: Kingman Docket No.: D17,279

INSTRUCTIONS: An original and two copies of this form shall be filed with Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Alan L. DeGood
 Title: Alan L. DeGood, President Date: 6/6/2005
 Subscribed and sworn to before me this 6th day of June,
2005
 Notary Public: Melinda S. Wooten
 Date Commission Expires: Melinda S. Wooten, Notary Exp. 3/12/08

KCC Office Use ONLY

NO Letter of Confidentiality AttachedIf Denied, Yes 0 Date: _____YES Wireline Log ReceivedNO UIC Distribution

Operator Name: American Energies Corporation Lease Name: Sowers OWWO Well: A-1
 Sec. 27 Twp. 28 S. R. 6 ☐ Vest ☒ County: Kingman

INSTRUCTIONS: Show important tops and bas of formations penetrated. Detail all cores. Report all final copies of drill stem tests giving interval test, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final charts(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No ☐ Yes ☒ No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No
 Electric Log Run Yes No ☒ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

Gamma Ray/Neutron

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum
None

CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface		8 5/8"		211'		200	
Production		4 1/2"	10.5#	4182'	ASC	125	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4 SPF	4014-4020'	750 gallons MCA, squeezed with 200 sx	
4 SPF	3994-4000'	from 4014-4020	
		750 gallons, fraced with 40,000# sand	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8"	4025.99'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method			
Waiting on Right-Of-Way for Gas and Water Line	<input type="checkbox"/> Flowing	<input checked="" type="checkbox"/> Pumping	<input type="checkbox"/> Gas Lift	<input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls	Gas Mcf	Water Bbls	Gas-Oil Ratio Gravity
		140	40	

Disposition of Gas ☐ Vented ☐ ☐ ☐ ☐ Open Hole ☐ Other Specify _____
 (If vented, Sumit ACO-18.)

Production Interval

☐ Dually Comp. ☐ Commingled _____

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JUN 14 2005
KCC WICHITA