

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 8 \*\*  
☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*  
☐ 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.: E-26563  
Entire Project: ☒ Yes ☐ No  
Number of Injection Wells 8 7 \*\*  
Field Name: Paola-Rantoul

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

Effective Date of Transfer: 3/1/14  
KS Dept of Revenue Lease No.: 114599  
Lease Name: Kitchen  
\_\_\_\_ S/2 \_\_\_\_ NW/4 \_\_\_\_ NE/4 Sec. 13 Twp. 18 R. 21 ☒ E ☐ W  
Legal Description of Lease: S/2 of NW/4 and NE/4 of Section 13 in  
Township 18 South and Range 21 East  
County: Miami  
Production Zone(s): Squirrel  
Injection Zone(s): Squirrel

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. 6142 /  
Past Operator's Name & Address: Town Oil Company, Inc.  
16205 W. 287th Street Paola, KS 66071  
Title: President

Contact Person: Lester Town  
Phone: 913-294-2125  
Date: 7/10/14  
Signature: Lester Town  
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New Operator's License No. 34592 /  
New Operator's Name & Address: Kansas Resource Exploration & Development, LLC  
9393 W. 110th Street, Suite 500, Overland Park, KS 66210  
Title: Chief Operating Officer

Contact Person: Brad Kramer  
Phone: 913-451-6758  
Oil / Gas Purchaser: Coffeyville Resources  
Date: 4/10/14  
Signature: JK

**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.

Kansas Resource Exploration + Development LLC is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: E-26,563 . Recommended action: NONE  
Date: 4-28-14 Cheryl R Boyer  
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 4/25/14 PRODUCTION MAY 05 2014 UIC 4-28-14  
Mail to: Past Operator 4-28-14 New Operator 4-28-14 District (3) 4-28-14

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

## Must Be Filed For All Wells

KDOR Lease No.: 114599 ✓

\* Lease Name: Kitchen

\* Location: S/2 of NW/4 and NE/4 of Section 13 in Township 18 South and Range 21 East

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)		
Kitchen 6	15-121-21932 ✓	3795	<sup>Circle</sup> FSL/FNL	1485 <sup>Circle</sup> FEL/FWL	Oil	Prod	
Kitchen 7	15-121-21933 ✓	3120	FSL/FNL	1575	FEL/FWL	Oil	Prod
Kitchen 9	15-121-28940 ✓	2805	FSL/FNL	1550	FEL/FWL	Oil	Prod
Kitchen 10	15-121-25159 ✓	3160	FSL/FNL	1890	FEL/FWL	Oil	Prod
Kitchen 11	15-121-25954 ✓	3382	FSL/FNL	1970	FEL/FWL	Oil	Prod
Kitchen 12	15-121-28941 ✓	3115	FSL/FNL	1550	FEL/FWL	Oil	Prod
Kitchen 15	15-121-25952 ✓	3390	FSL/FNL	2450	FEL/FWL	Oil	Prod
Kitchen 16	15-121-29000 ✓	3445	FSL/FNL	1550	FEL/FWL	Oil	Prod
Kitchen 6-W	15-121-28939 ✓	2970	FSL/FNL	2640	FEL/FWL	Inj	Abandoned <sup>Need Application</sup> <sub>Dist for</sub>
Kitchen 8-W	15-121-28942 ✓	2990	FSL/FNL	1690	FEL/FWL	Inj	Prod
Kitchen 9-W	15-121-28943 ✓	3270	FSL/FNL	2610	FEL/FWL	Inj	Prod
Kitchen 10-W	15-121-25966-0001 ✓	3360	FSL/FNL	2190	FEL/FWL	Inj	Prod
Kitchen 11-W	15-121-28944 ✓	3215	FSL/FNL	1725	FEL/FWL	Inj	Prod
Kitchen 15-W	15-121-25967-0001 ✓	3720	FSL/FNL	2190	FEL/FWL	Inj	Prod
Kitchen 21-W	15-121-28945 ✓	3915	FSL/FNL	1725	FEL/FWL	Inj	Prod
Kitchen WSW-1	15-121-27188 ✓	3880	FSL/FNL	260	FEL/FWL	<del>WSW</del>	Prod
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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  
January 2014  
**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 # 6142  
Name: Town Oil Company, Inc.  
Address 1: 16205 W. 287th Street  
Address 2: \_\_\_\_\_  
City: Paola State: KS Zip: 66071 + \_\_\_\_\_  
Contact Person: Lester Town  
Phone: ( 913 ) 294-2125 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ S/2 \_\_\_\_ NW/4 \_\_\_\_ NE/4 Sec. 13 Twp. 18 S. R. 21 ☒ East ☐ West  
County: Miami  
Lease Name: Kitchen Well #: ALL

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

S/2 of NW/4 and NE/4 of Section 13 in Township  
18 South and Range 21 East

**Surface Owner Information:**

Name: Randy R &/OR Misty M Kitchen  
Address 1: 39395 W. 351st Street  
Address 2: \_\_\_\_\_  
City: Osawatomie State: KS Zip: 66064 + \_\_\_\_\_

*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 must provide the name and address of the surface owner by filling out the top section of this form and 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: 4/10/14 Signature of Operator or Agent: Lester Town Title: President

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**APR 14 2014**  
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