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 Check Applicable Boxes: MUST be subm	with the Kansas Surface Owner Notification Act, nitted with this form.
Oil Lease: No. of Oil Wells	2 17 11
Gas Lease: No. of Gas Wells 1 **	
Gas Gathering System:	KS Dept of Revenue Lease No.: 225906
Saltwater Disposal Well - Permit No.:	Lease Name: JABBEN
Spot Location:feet from N / S Line	NE _ NE _ NE Sec. 10 Twp. 34 R. 14 V E V
feet from E / W Line	Legal Description of Lease: NE NE, S2 NE LESS TRACT DESCRIPTION KCC WICHITA
Enhanced Recovery Project Permit No.:	KCC WICHITA
Entire Project: Yes No	County: MONTGOMERY MAY 0 9 2014
Number of Injection Wells**	
Field Name:	Production Zone(s): ROWE RECEIVED
** Side Two Must Be Completed.	Injection Zone(s):
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 Burn Settling	Haul-Off Workover De Drilling
Past Operator's License No. 34027	
	Contact Person: VICKIE HARTER
Past Operator's Name & Address: CEP MID-CONTINENTLLC	Phone: 918-877-2923
P. O. BOX 970, Skia fook, DK 14010-0910	Date: 4-7-2014
Title: VICE PRESIDENT OF OPERATIONS	Signature: Shall Leign
New Operator's License No. 34404	Contact Person: Tim Welton
New Operator's Name & Address: Stonegate Ranch LLC	Phone: <u>420.</u> 515. 4742
2576 CR2200	Oil/Gas Purchaser: Coffeyille Resources
0 0. 1/6 1-1222	Date: 4/11/14
Title: President / Owner	
Title: Tresiant Jowney	Signature: Timothy Belle (la)
Acknowledgment of Transfer: The above request for transfer of injection	
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 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 NKCC WICHITA
	1111
Date:	Date: MAY 0 2 2014
Authorized Signature	Authorized Signature
	PRODUCTION 5. 13. 14 uic 5-13-14
Mail to: Past Operator New Operato	District

Side Two

Must Be Filed For All Wells

* Lease Name	JABBEN	* Location: NE NE NE			
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line) 330 FSL 330 FSL		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
10-4	15-125-30622 √	Sty Fill FNL	PELIFY	GAS	TA'D
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		***************************************
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _	к	CC WICHITA
		FSL/FNL	FF1 (F144)		MAY 0 9 2014
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED
-At		FSL/FNL	FEL/FWL	KCC	WICH!TA
		FSL/FNL	FEL/FWL	MAY	0 2 2014
		FSL/FNL	FEL/FWL	RE	CEIVED
		FSL/FNL	FEL/FWL	17 APT A	

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	1 (Cathodic Protection Borehole Intent) X T-1 (Trans	sfer) CP-1 (Plugging Application)		
OPERATOR: License # 34027 Name: CEP MID CONTINENTLLC	Well Location: NE_NE_NE_Sec. 10 Twp. 34 S. R. 14 ★ East West			
Address 1: P. O. BOX 970	County: MONTGOMERY Lease Name: JABBEN Well #: 10-4			
Address 2:	Lease Name: JABBEN	Well #. 10-4		
Contact Person: VICKIE HARTER Phone: (918) 877-2923 Fax: (918) 877-2913	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: (918) 877-2923 Fax: (918) 877-2913				
Email Address: VICKIE.HARTER@CEPLLC.COM				
Surface Owner Information: Name: TOM AND KAREN JABBEN	When filling a Form T-1 involving multiple	surface owners, attach an additional		
Address 1: 2211 CR 2300	sheet listing all of the information to the I owner information can be found in the red	cords of the register of deeds for the		
Address 2:	county, and in the real estate property tax	records of the county treasurer.		
City: CANEY State: KS Zip: 67333 +				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe the KCC with a plat showing the predicted locations of lease roads, tar are preliminary non-binding estimates. The locations may be entered a Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a	Act (House Bill 2032), I have provided the located: 1) a copy of the Form C-1, Form being filed is a Form C-1, or Earn CB-1.	The locations shown on the plat separate plat may be submitted.		
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the	wner(s). To mitigate the additional cost of softhe surface owner by filling out the ton	the KCC partners in a state		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	g fee with this form. If the fee is not receive -1 will be returned.	ed with this form, the KSONA-1		
hereby certify that the statements made herein are true and correct to 5-7-2014 Date: Signature of Operator or Agent:	6 1 1 X X	AFF SPEC		

KCC WICHITA MAY 0 9 2014

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

RECEIVED