## 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: Effective Date of Transfer: Oil Lease: No. of Oil Wells KS Dept of Revenue Lease No.: 215301 Gas Lease: No. of Gas Wells \_ Gas Gathering System: Lease Name: Sweaney (Should be Swaney) Saltwater Disposal Well - Permit No.: \_ NW . SE . SE . NE Sec. 21 Twp. 33S R. 13 F W \_ feet from N / S Line Legal Description of Lease: NW SE SE NE feet from E / W Line KCC WICHITA Enhanced Recovery Project Permit No.: \_ County: Chautauqua Entire Project: Yes No Number of Injection Wells Production Zone(s):\_ RECEIVED Field Name: Injection Zone(s):\_ \*\* Side Two Must Be Completed. 15-019-25709-0001 feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Haul-Off Workover Settling Burn Type of Pit: Emergency Stephen L. DeGiusti 33343 Past Operator's License No. Contact Person: Phone: 405-702-7420 PostRock MidContinent Production, LLC Past Operator's Name & Address: 210 Park Ave., Suite 2750, Oklahoma City, OK 73102 By PostRock Energy Services Corporation, its sole member, Secretary Randy W. Clark New Operator's License No. \_\_ Contact Person: New Operator's Name & Address: Clark Energy, LLC Phone: 620-330-2110 1198 Rd. 31, Havana, KS 67347 Oil / Gas Purchaser: President 15-019-25709-0001 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 is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by \_\_\_\_\_ . Recommended action: \_ permitted by No.: \_ Date: Authorized Signature Authorized Signature DISTRICT \_\_

**New Operator** 

Mail to: Past Operator

#### Side Two

### Must Be Filed For All Wells

|          | No.: 215301 Sweaney (Should be Swaney | y)                                      | * Location:                    | Sec. 21, T33S, R13E               |                                      |
|----------|---------------------------------------|---|--------------------------------|-----------------------------------|--------------------------------------|
| Well No. | API No.<br>(YR DRLD/PRE '67)          | Footage from S<br>(i.e. FSL = Feet from | Section Line<br>om South Line) | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
| 1        | 15-019-25709-0001                     | 2259 Circle                             | 340 Circle                     | GAS                               | PROD                                 |
|          |                                       | 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                        |                                   |                                      |
|          |                                       |   |                                |                                   |                                      |
|          |                                       |   |                                |                                   |                                      |
|          |                                       |   |                                |                                   |                                      |
|          |                                       | ė                                       |                                |                                   |                                      |
|          |                                       |   |                                |                                   |                                      |
|          |                                       |   |                                |                                   |                                      |
|          |                                       | FSL/FNL                                 | FEL/FWL                        |                                   |                                      |
|          |                                       |   | FEL/FWL                        |                                   |                                      |
|          |                                       |   | FEL/FWL                        |                                   |                                      |
|          |                                       | FSL/FNL                                 |                                |                                   | KCC WICHITA                          |
|          |                                       |   | FEL/FWL                        |                                   | MAY 1 4 2014                         |
|          |                                       |   | FEL/FWL                        |                                   |                                      |
|          |                                       |   | FEL/FWL                        |                                   | RECEIVED                             |
|          |                                       | 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
January 2014
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.

| OPERATOR: License # 33343  | Well Location:  |  |
|--|---|--|
| OPERATOR: License # 33343  Name: PostRock MidContinent Production, LLC   | NW SE SE NE Sec. 21 Twp. 33 S. R. 13 X East West  |  |
| Address 1: 210 Park Ave., Suite 2750   |   |  |
| Address 2:   |   |  |
| Address 2:   | If filing a Form T-1 for multiple wells on a lease, enter the legal description of  |  |
| Contact Parson: Stephen L. DeGiusti  | the lease below:  |  |
| Contact Person: Stephen L. DeGiusti  Phone: ( 405 ) 702-7420 Fax: ( 405 ) 600-7770   | _   |  |
| Email Address: sdegiusti@pstr.com  | <del>-</del>  |  |
| Surface Owner Information:   |   |  |
| Name: Marie Swaney   | When filing a Form T-1 involving multiple surface owners, attach an additional  |  |
| Name: Marie Swaney Address 1: 1265 Road 31   | 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   |  |
| Address 2:   | county, and in the real estate property tax records of the county treasurer.  |  |
| City: Havana State: KS Zip: 67347 +  |   |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads,  | athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat  |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads,  | athodic Protection Borehole Intent), you must supply the surface owners and   |  |
| If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathe KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered Select one of the following:   | athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  The Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this   |  |
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

**RECEIVED** 

MAY 14 2014