

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 2 \*\*  
☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*  
☐ Gas Gathering System: \_\_\_\_\_  
☒ Saltwater Disposal Well - Permit No.: D19565  
Spot Location: 4335 feet from ☐ N / ☒ S Line  
3683 feet from ☒ E / ☐ W Line  
☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells none \*\*

Field Name: DAVIDSON

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

Effective Date of Transfer: May 8th 2014

KS Dept of Revenue Lease No.: 105917

Lease Name: OESER

\_\_\_\_\_ NW \_\_\_\_\_ Sec. 35 Twp. 15 R. 11 ☐ E ☒ W

Legal Description of Lease: NW

OF 35-15-11

County: RUSSELL

Production Zone(s): N/A

Injection Zone(s): GRANITE WASH

Arbuckle

**KCC WICHITA**

**MAY 09 2014**

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Surface Pit Permit No.: N/A

(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 30081

Contact Person: DEBRA DOLECHEK

Past Operator's Name & Address: ANSHUTZ, EVELYN or DEBRA DOLECHEK

Phone: 785-658-3528

DBA ANSHUTZ OIL, 700 Pawnee Ave, Pawnee Rock, KS, 67567

Date: 5/8/2014

Title: OWNER/OPERATOR

Signature: Debra Dolechek

New Operator's License No. 9370

Contact Person: ALFRED EMMONS

New Operator's Name & Address: KAL OIL OPERATION

Phone: 785-483-3267

102 W. 7TH

Oil / Gas Purchaser: KELLY MACLASKEY OIL FIELD SERVICES, INC.

RUSSELL, KS 67665

Date: 5/8/2014

Title: OWNER/OPERATOR

Signature: Alfred E Emmons

**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pit permit # N/A 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.

Emmons, Alfred E dba Kal Oil Operations is acknowledged as

the new operator and may continue to inject fluids as authorized by

Permit No.: D-19565 . Recommended action: \_\_\_\_\_

Need last 5 yrs UIC's 2008-2013

Date: 5-22-14 Cheryl 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 \_\_\_\_\_

Mail to: Past Operator 5-22-14

EPR

New Operator

PRODUCTION

UIC

District

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

**KSONA FEE  
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**Must Be Filed For All Wells**

\* Location: T15SR11W, SEC. 35 SW NE NW 4335 NORTH, 3683 WEST, FROM SE CORNER

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\* 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 # 9370  
Name: KAL OIL OPERATION  
Address 1: 102 W. 7TH  
Address 2: \_\_\_\_\_  
City: RUSSELL State: KS Zip: 67665 + \_\_\_\_\_  
Contact Person: ALFRED EMMONS  
Phone: ( 785 ) 483-3267 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_\_ NW \_\_\_\_\_ Sec. 35 Twp. 15 S. R. 11 ☐ East ☒ West  
County: RUSSELL  
Lease Name: OESER Well #: 1  
*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*  
**T15S R11W, SEC. 35 NW**

**Surface Owner Information:**

Name: JOHN ZAMRZLA  
Address 1: 618 22ND STREET  
Address 2: \_\_\_\_\_  
City: WILSON State: KS Zip: 67490 + \_\_\_\_\_

*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: 5-8-14 Signature of Operator or Agent: Debra Olechuk Title: Operator

**KSONA FEE  
PAID**

**KCC WICHITA**

**MAY 09 2014**

**RECEIVED**