

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.: _____
- Spot Location: _____ feet from N / S Line
_____ feet from E / W Line
- Enhanced Recovery Project Permit No.: E-14908
- Entire Project: Yes No
- Number of Injection Wells 4 **

Field Name: Ledford

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

Effective Date of Transfer: 07-01-14
 KS Dept of Revenue Lease No.: 102369 ✓
 Lease Name: Edwards
 _____ Sec. 33 Twp. 23 R. 11 E W
 Legal Description of Lease: W2 NE4 NE4, E2 NW4 NE4
 County: Greenwood
 Production Zone(s): Bartlesville KCC WICHITA
 Injection Zone(s): Bartlesville JUL 14 2014

RECEIVED

Surface Pit Permit No.: NA
(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. 6470 ✓
 Past Operator's Name & Address: Schankie Well Service, Inc
1006 SW Blvd, PO Box 397 Madison, KS 66860
 Title: Secretary

Contact Person: Randall Schankie
 Phone: 620-437-2595
 Date: 07-07-14
 Signature: [Signature]

New Operator's License No. 33920 ✓
 New Operator's Name & Address: Schankie & Sons, LLC
2604 370th St, Madison, KS 66860
 Title: Owner

Contact Person: Philip Schankie
 Phone: 620-437-6187
 Oil / Gas Purchaser: Sunoco Partners, Inc.
 Date: 07-07-14
 Signature: [Signature]

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 7-17-14 PRODUCTION 7-18-14 UIC 7-18-14
 Mail to: Past Operator _____ New Operator _____ District _____

Must Be Filed For All Wells

KDOR Lease No.: 102369

* Lease Name: EDWARDS

* Location: W2NE4NE4, E2NW4NE4 33-23-11 GW CO,KS

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)
✓ 1	15-073-01677 ✓	4950	1650	OIL	TA
✓ 2	15-073-01678 ✓	4290	1400	OIL	ACTIVE
		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		JUL 14 2014
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		JUN 27 2014
		FSL/FNL	FEL/FWL		RECEIVED

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

Form KSONA-1
January 2014
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**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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 33920
Name: Schankie & Sons, LLC
Address 1: 2604 370th St
Address 2: _____
City: Madison State: KS Zip: 66860 + _____
Contact Person: Philip Schankie
Phone: (620) 437-6187 Fax: (620) 427-4877
Email Address: NA

Well Location:
_____-_____-_____- Sec. ____ Twp. ____ S. R. ____ East West
County: Greenwood
Lease Name: Beal, Edwards Well #: _____

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

Beal S2 S2 SW4 28-23-11 GW CO, KS
Edwards W2NE4NE4, E2NW4NE4 33-23-11 GW CO, KS

Surface Owner Information:

Name: Gregg Curry
Address 1: 1986 310th St
Address 2: _____
City: Madison State: KS Zip: 66860 + _____

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: 06-20-14 Signature of Operator or Agent: Philip Schankie Title: Owner

KCC WICHITA
KCC WICHITA
JUL 14 2014
KCC WICHITA
JUN 27 2014
RECEIVED
RECEIVED