### 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:	1
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 08-01-2014
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 135854-224212
Gas Gathering System:	Lease Name: CIMARRON 2-26
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	Legal Description of Lease: 26(W2/2), 27(E/2), T34S,R30W
feet from E / W Line	
Enhanced Recovery Project Permit No.:	KCC WICHITA
Entire Project: Yes No	
Number of Injection Wells**	Production Zone(s): MORROW AUG 0 5 2014
Field Name: ADAMS RANCH	Injection Zone(s): N/A RECEIVED
** Side Two Must Be Completed.	
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section
- (D)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Of Drilling
Past Operator's License No. 34160	Contact Person: KEITH BARTON
Past Operator's Name & Address: ENERVEST OPERATING LLC	Phone: 713-495-5328
1001 FANNIN STE 800, HOUSTON, TX 77002	8-4-2014
Title: MANAGER - REGULATORY	V TI D T
Title:	Signature: Settle Balan
New Operator's License No. 4951	Contact Person: Daniel Claassen
New Operator's Name & Address: CLASSSEN OIL AND GAS, INC.	Phone: 970-586-1885
PO BOX 417, ESTES PARK, CO 80517	Oil / Gas Purchaser: _HIGH SIERRA CRUDE OIL MKTG / DCP MIDSTREAM
Title: President	Date: 9-31-2014 Signature: Daniel Clarasser
Title:	Signature: Daniel Claraner
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	·
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 No.:
Date:	Date:
	Authorized Signature PRODUCTION AUG 1 8 2014 UIC 8-18-14
DISTRICT	· · · · · · · · · · · · · · · · · · ·
14ew Operation	or District

#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	CIMARRON	2-26	* Location:_2	6 (W/2), 27(E/2),T34	S-R30W
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
<u>2-26</u>	<u>15-119-21095</u> √	1980 FSDFNL	990 Circle	OIL/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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
·		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		KCC WICHITA
					AUG 0 5 2014
1			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

# 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.

OPERATOR: License # 04951	Well Location:		
Name: Claassen Oil and Gas, Inc.	<u>E/2_NW_SW</u> Sec. 26 Twp. 34 S. R. 30 East 🔀 West		
Address 1: P.O. Box 417	County: Meade		
Address 2:			
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Dan Claassen	the lease below:		
Phone: ( 970 ) 586-1885 Fax: ( 970 ) 586-1885	Sec 26 (W/2), 27 (E/2), T34S-R30W		
Contact Person: Dan Claassen  Phone: ( 970 ) 586-1885 Fax: ( 970 ) 586-1885  Email Address: danrclaassen@gmail.com	_		
Surface Owner Information:			
Name: John C Adams	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		
Address 1: 32036 5 Road			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
city: Plains State: KS Zip: 67869 +			
the KCC with a plat showing the predicted locations of lease roads, t	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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Any such form submitted without an accompanying Form KSONA-1 will be returned.

OPERATOR: License # 04951	Well Location:
Name: Claassen Oil and Gas, Inc.	
Address 1: P.O. Box 417	County: Meade
Address 2:	Lease Name: Cimarron Well #: 2-26
City: Estes Park State: CO Zip: 80	1517+ If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Dan Claassen  Phone: ( 970 ) 586-1885 Fax: ( 970	the lease below:
Phone: ( 970 ) 586-1885 Fax: ( 970	Sec 26 (W/2), 27 (E/2), T34S-R30W
Email Address: danrclaassen@gmail.com	
Surface Owner Information:	
Name: Clay S Adams Address 1: P.O. Box 73	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: P.O. Box 73	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: Knowles State: OK Zip: 73	<u>8844</u> +
Select one of the following:	
★ I certify that, pursuant to the Kansas Sur	face Owner Notice Act (House Bill 2032), I have provided the following to the surface
I certify that, pursuant to the Kansas Sur owner(s) of the land upon which the subj	ect well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form s form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this
<ul> <li>I certify that, pursuant to the Kansas Surowner(s) of the land upon which the subjection CP-1 that I am filing in connection with the form; and 3) my operator name, address,</li> <li>I have not provided this information to the KCC will be required to send this informatask, I acknowledge that I must provide the</li> </ul>	ect well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form s form; 2) if the 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