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:

- [x] Oil Lease: No. of Oil Wells 4 **
- [ ] 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
- [x] Enhanced Recovery Project Permit No.: E20537
  Entire Project: [x] Yes [ ] No
  Number of Injection Wells 1 **

Field Name: PAOLA RANTOUL

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

Effective Date of Transfer: 8/21/2013

KS Dept of Revenue Lease No.: 115068 ✓

Lease Name: WESTERN UNIVERSITY (BLACK)

__ - __ - NW - NE Sec. 21 Twp. 17 R. 21 [x] E [ ] W

Legal Description of Lease: NW/4 NE/4

County: FRANKLIN

Production Zone(s): SQUIRREL

Injection Zone(s): SQUIRREL

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Surface Pit Permit No.: ____ *(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 OR [ ] Drilling

Past Operator's License No. 4441 ✓

Past Operator's Name & Address: REUSCH WELL SERVICE INC

PO BOX 520, OTTAWA, KS 66067

Title: SEC TREAS

Contact Person: BOB REUSCH

Phone: 785-242-2043

Date: 6/5/2013

Signature: [signature]

New Operator's License No. 9801 ✓

New Operator's Name & Address: DONALD L HUMERICKHOUSE

2182 IOWA RD

OTTAWA, KS 66067

Title: OPERATOR

Contact Person: DONALD HUMERICKHOUSE

Phone: 785-242-7219

Oil / Gas Purchaser: ____

Date: 6/20/14

Signature: Donald L Humerickhouse

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.

Humerickhouse, Donald L is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: E-20,537. Recommended action: Need UIC's for last 5yrs 2009-2013

Date: 7-16-14 Cheryl L Bayer
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 7-15-14 PRODUCTION 7.16.14 UIC 7-16-14

Mail to: Past Operator 7-16-14 New Operator 7-16-14 District 3 7-16-14

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

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 115068

* Lease Name: WESTERN UNIVERSITY (BLACK) * Location: NW/4 NE/4 21-17-21E

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)
D-5-A	15-059-21909	4876 (Circle FSL)/FNL	1943 (Circle FEL)/FWL	OIL	PROD
4-A	15-059-21907	4850 (FSL)/FNL	1530 (FEL)/FWL	OIL	PROD
C-9-A	15-059-22028	4436 (FSL)/FNL	1576 (FEL)/FWL	OIL	PROD
D-6-A	15-059-22029	4876 (FSL)/FNL	2383 (FEL)/FWL	OIL	PROD
17-A	15-059-22392	3985 (FSL)/FNL	2175 (FEL)/FWL	INJ	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		
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		____ FSL/FNL	____ FEL/FWL		
		____ FSL/FNL	____ FEL/FWL		
		____ FSL/FNL	____ FEL/FWL		
		____ FSL/FNL	____ FEL/FWL		
		____ FSL/FNL	____ FEL/FWL		

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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.

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OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
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.

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

OPERATOR: License # 4441
Name: REUSCH WELL SERVICE INC
Address 1: PO BOX 520
Address 2:
City: OTTAWA State: KS Zip: 66067 + ____
Contact Person: BOB REUSCH
Phone: (785) 242-2043 Fax: (785-) 242-1983
Email Address:

Well Location:
__ - __ - NW - NE Sec. 21 Twp. 17 S. R. 21 ☒ East ☐ West
County: FRANKLIN
Lease Name: WESTERN UNIVERSITY Well #:

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
NW/4 NE/4 21-17-21E

Surface Owner Information:
Name: WESTERN UNIVERSITY ASSOC COLLEGE
Address 1: 1314 NORTH 5TH STE 207
Address 2:
City: KANSAS CITY State: KS Zip: ~66101 + ____

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 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: 6/5/14 Signature of Operator or Agent: _____ Title: SEC TREAS

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