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: 7/1/13
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 119543
Gas Gathering System:	Lease Name: MEINIG
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	Legal Description of Lease: SW/4
feet from E / W Line	Legal Description of Lease.
Enhanced Recovery Project Permit No.:	Received MIAMI KANSAS CORPORATION COMMISSIO
Entire Project: Yes No	County:
Number of Injection Wells**	Production Zone(s): SQUIRREL SEP 1 0 2014
Field Name: PAOLA RANTOUL	Injection Zone(s): SQUIRREL CONSERVATION DIVISION
** Side Two Must Be Completed.	WICHITA, KS
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feel from E 1 W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling
Past Operator's License No8544 🗸	Contact Person: _ RICHARD HERMANN
Past Operator's Name & Address:C&R WELL SERVICE	Phone: 785-448-3345
302 W 9TH, GARNETT, KS 66032	74/11
	Date:
Title: OPERATOR	Signature: Kuchurd Wilmium
New Operator's License No. 4441	Contact Person: BOB REUSCH
New Operator's Name & Address: REUSCH WELL SERVICE INC	Phone: 785-242-2043
PO BOX 520	Oil / Gas Purchaser: PACER
OTTAWA, KS 66067	Date: 7/23/2014
Title: PRESIDENT	Signature: Mysself July 19
Acknowledgment of Transfer: The above request for transfer of injection a	authorization_surface Dit permit # has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the a	
Commission records only and does not convey any ownership interest in the	DOVE INJECTION WEIR(S) OF SIX PERMIC.
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	Authorized Signature
DISTRICT EPR 9-16-14 P	PRODUCTION SEP 1 7 2014 UIC OF TOTAL
Mail to: Past Operator New Operato	

1999

Must Be Filed For All Wells

* Lease Nam	e:_MEINIG	* Location: SW/4 15-17S-22E			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1	1512120967 🗸	2390 Circle	5130 Circle	OIL	PROD
1	1512123254	311 FSLIFNL	4453 FELFWL	OIL	PROD
3	1512123256	50 FSIJFNL	900 FEVFWIL	OIL	PROD
4	1512123257	22 (FS)/FNL	4025 FED FWL	OIL	PROD
5	1512123437	41 (FSL/FNL	4527 FEDFWL	OIL	PROD
6	1512123515	10 FSJ/FNL	4896 FED FWL	OIL	PROD
2	1512123255		4112 FED FWL	OIL	PROD
		FSL/FNL	FEL/FWL		_
	A	FSL/FNL	FEL/FWL	y	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
).		FSL/FNL	FEL/FWL		
£	_	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	-7 (FSL/FNL	FEL/FWL	Name of the latest terms o	
1 		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
() 		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	IZABICAC	Received CORPORATION COMMISSION
	-	FSL/FNL	FEL/FWL		SEP 1 0 2014
		FSL/FNL	FEL/FWL		NSERVATION DIVISION WICHITA, KS

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
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.

OPERATOR: License # 4441	Well Location:		
OPERATOR: License # 4441 Name: REUSCH WELL SERVICE INC Address 1: PO BOX 520	SW Sec. 15 Twp. 17 S. R. 22 X East West		
Name: PO BOX 520	County: MIAMI		
Address 1: 1 0 Box 625	Lease Name: MEINIG Well #:		
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
City: State: 15 Zip: 17 Zip: 1	the lease below: SW/4 15-17S-22E		
City: OTTAWA State: KS Zip: 66067 + Contact Person: BOB REUSCH Phone: (785) 242-2043 Fax: (785-) 242-1983			
Email Address:			
Surface Owner Information: Name: DONALD LEE & ROSE IRENE MEINIG LIVING TRUST Address 1: 37081 W 311TH ST Address 2:	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.		
the KCC with a plat showing the predicted locations of lease roads, tank	lic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
▼ I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be lowered.	cated: 1) a copy of the Form C-1, Form CB-1, Form I-1, or Form		
CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, an	eing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, an	knowledge that, because I have not provided this information, the perfect the additional cost of the KCC performing this		
CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, an I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling if	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this ee, payable to the KCC, which is enclosed with this form.		

Received KANSAS CORPORATION COMMISSION