

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1  
July 2014

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 1 \*\*
- ☐ 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.: \_\_\_\_\_
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: El Dorado

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

Effective Date of Transfer: 8-1-14

KS Dept of Revenue Lease No.: 115268 *125*

Lease Name: Greer A

SW/4 - - - - Sec. 34 Twp 25S R. 5 ☒ E ☐ W

Legal Description of Lease: SW Corner of SW/4  
of S34 T255 R5E

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County: Butler

**AUG 20 2014**

Production Zone(s): Could not find  
Injection Zone(s): \_\_\_\_\_  
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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. 31915 *Exp. 8/30/13*

Contact Person: Deceased- Husband

Past Operator's Name & Address: Jack Greer  
830 W. Central, El Dorado, Ks 67042

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

*Doc. Attached*

New Operator's License No. 34963 *✓*

Contact Person: Patricia Greer

New Operator's Name & Address: Greer, Patricia  
830 W. Central, El Dorado, Ks 67042

Phone: 316-321-6777

Oil / Gas Purchaser: 11011-Maclaskey

Date: 8-18-14

Title: Operator

Signature: Patricia Greer

**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 9-11-14 PRODUCTION 9-12-14 UIC 9-12-14  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

\* Lease Name: Greer A \* Location: Sw/4 S34 T25S R5E

*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

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 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 # 34963  
Name: Greer, Patricia  
Address 1: 830 W. Central  
Address 2: \_\_\_\_\_  
City: El Dorado State: KS Zip: 67042  
Contact Person: Patricia Greer  
Phone: (316) 321-6777 Fax: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
SW/4 - - - - Sec 34 Twp 25 S. R. 5 ☒ East ☐ West  
County: Butler  
Lease Name: Greer A Well #: 1  
*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

**Surface Owner Information:**

Name: JRS Rental-Bryan Patten  
Address 1: 1820 W. 6th Ave  
Address 2: \_\_\_\_\_  
City: El Dorado State: KS Zip: 67042 + \_\_\_\_\_

*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: 8-18-14 Signature of Operator or Agent: Patricia Greer Title: Operator

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**AUG 20 2014**

## **Certification of Trust for the Jack Greer and Patricia Greer Living Trust dated December 19, 2007**

This Certification of Trust is signed by all the currently acting Trustees of the Jack Greer and Patricia Greer Living Trust dated December 19, 2007, who declare as follows:

1. The Grantors are Jack Greer and Pat Greer. The trust is revocable by the Grantors, acting jointly and not separately.
2. The Trustees of the trust are Jack Greer and Pat Greer. The signature of one Trustee is sufficient to exercise the powers of the Trustee.
3. The tax identification number of the trust is the social security number of either Jack Greer or Patricia Greer.
4. Title to assets held in the trust shall be titled as:

Jack Greer and Pat Greer, Trustees of the Jack Greer and  
Patricia Greer Living Trust dated December 19, 2007, and  
any amendments thereto.

5. Any alternative description shall be effective to title assets in the name of the trust or to designate the trust as a beneficiary if the description includes the name of at least one initial or successor trustee, any reference indicating that property is being held in a fiduciary capacity, and the date of the trust.
6. Excerpts from the trust agreement that establish the trust, designate the Trustee and set forth the powers of the Trustee will be provided upon request. The powers of the Trustees include the power to acquire, sell, assign, convey, pledge, encumber, lease, borrow, manage and deal with real and personal property interests.
7. The terms of the trust agreement provide that a third party may rely upon this Certificate of Trust as evidence of the existence of the trust and is specifically relieved of any obligation to inquire into the terms of this agreement or the authority of my Trustee, or to see to the application that my Trustee makes of funds or other property received by my Trustee.
8. The trust has not been revoked, modified or amended in any way that would cause the representations in this Certification of Trust to be incorrect.

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WICHITA, KS



Pat Greer  
Pat Greer, Trustee

COUNTY OF BUTLER

[Seal]



**TIM J. LARSON**  
Notary Public, State of Kansas  
My Appointment Expires \_\_\_\_\_

COUNTY OF BUTLER

[Seal]  
 TIM J. LARSON  
 Notary Public, State of Kansas  
 My Appointment Expires

My commission expires: Dec. 7, 2009 Received  
KANSAS CORPORATION COMMISSION

SEP 11 2014

CONSERVATION DIVISION  
WICHITA, KS

## ACCEPTANCE OF TRUSTEESHIP

STATE OF KANSAS           )  
  ) ss:  
COUNTY OF SEDGWICK    )

I, **PATRICIA GREER**, being appointed and designated as a Trustee, under and by virtue of the terms of the **JACK GREER AND PATRICIA GREER LIVING TRUST**, dated **December 19, 2007**, for the purpose of providing evidence of my acceptance of the office of Trustee under said trust and before entering upon the duties of the trusteeship, as provided by K.S.A. 58a-701, I do hereby sign this statement and accept the office of Trustee on the date below indicated. I do hereby solemnly swear that I will faithfully and impartially and to the best of my ability discharge all the duties of the Trust according to law, and further state that I am acting on my own behalf and I am not acting on behalf of any bank or corporation which is not authorized to act as a fiduciary in the State of Kansas.

Patricia Greer  
PATRICIA GREER

SUBSCRIBED AND SWORN to before me this 23 day of Sept, 2013.



Logan M. Brown  
Notary Public  
My appointment expires: 1/28/2016

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