

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 \_\_\_\_\_ \*\*  
☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*  
☐ Gas Gathering System: \_\_\_\_\_  
☒ Saltwater Disposal Well - Permit No.: D-30773  
Spot Location: 5030 feet from ☐ N / ☒ S Line  
200 feet from ☒ E / ☐ W Line  
☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells \_\_\_\_\_ \*\*  
Field Name: HIBBARD NE

**\*\* Side Two Must Be Completed.**Effective Date of Transfer: 08/01/2014KS Dept of Revenue Lease No.: 142035Lease Name: HIBBARD 1 SWDNE - NE - NE - NE Sec. 23 Twp. 34 R. 9 ☐ E ☒ W

Legal Description of Lease: \_\_\_\_\_

No lease, surface agreement with landowner onlyCounty: HARPER Received  
KANSAS CORPORATION COMMISSIONProduction Zone(s): AUG 15 2014Injection Zone(s): ARBUCKLE CONSERVATION DIVISION  
WICHITA, KSSurface Pit Permit No.: 15-077-21719  
(API No. if Drill Pit, WO or Haul)Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ DrillingPast Operator's License No. 33168Past Operator's Name & Address: WOOLSEY OPERATING COMPANY, LLC  
125 NORTH MARKET, SUITE 1000, WICHITA, KANSAS 67208Title: Exploration and Production ManagerContact Person: DEAN PATTISSONPhone: 316-267-4379 ext. 107Date: 8/1/14

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

New Operator's License No. 34192New Operator's Name & Address: SANDRIDGE EXPLORATION & PRODUCTION, LLC  
125 ROBERT S. KERR AVE.  
OKLAHOMA CITY, OK 73102Title: Senior Vice President - DevelopmentContact Person: AARON REYNA Received  
KANSAS CORPORATION COMMISSIONPhone: 580-429-5627 SEP 03 2014Oil / Gas Purchaser: CONSERVATION DIVISION  
WICHITA, KSDate: 8/13/14Signature: Aaron Reyna

**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pit permit # 15-077-21719 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.

Sandridge Exploration & Production LLC is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: D-30773 . Recommended action: None  
Date: 9-22-14 Cheryl A. Boyer  
Authorized Signature

\_\_\_\_\_ is acknowledged as  
the new operator of the above named lease containing the surface pit  
permitted by No.: \_\_\_\_\_  
Date: \_\_\_\_\_  
Authorized Signature

DISTRICT 2 9-10-14 EPR 9-19-14 PRODUCTION SEP 23 2014 UIC 9-22-14  
Mail to: Past Operator 9-22-14 New Operator 9-22-14 District 2 9-22-14

Mail to: KANSAS CORPORATION COMMISSION  
CONSERVATION DIVISION  
266 N MAIN ST STE 220  
WICHITA KS 67202-1513



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2010  
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 # 34192  
Name: SANDRIDGE EXPLORATION AND PRODUCTION, LLC  
Address 1: 123 ROBERT S. KERR AVE.  
Address 2: \_\_\_\_\_  
City: OKLAHOMA CITY State: OK Zip: 73102 + \_\_\_\_\_  
Contact Person: AARON REYNA  
Phone: ( 580 ) 429-5627 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: areyna@sandridgeenergy.com

Well Location:  
NE NE NE NE Sec. 23 Twp. 34 S. R. 9 ☐ East ☒ West  
County: HARPER  
Lease Name: HIBBARD SWD 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: JAMES H. LEWIS  
Address 1: 1275 SW 50 ROAD  
Address 2: \_\_\_\_\_  
City: HAZELTON State: KS Zip: 67061 + \_\_\_\_\_

*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: 8/13/14 Signature of Operator or Agent: Wanda Spabett Title: Regulatory Analyst

KANSAS CORPORATION COMMISSION  
CONSERVATION DIVISION  
266 N MAIN ST STE 220  
WICHITA KS 67202-1513

Wichita, Kansas 67202

Received  
KANSAS CORPORATION COMMISSION  
AUG 15 2014  
CONSERVATION DIVISION  
WICHITA, KS