Authorized Signature

Received KANSAS CORPORATION COMMISSION

AUG 25 2014

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be Typed Form must be Signed All blanks must be Filled

CONSERVATION DIVISION WICHITA, KS

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 8-4-2014 Effective Date of Transfer: _ Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: _127485 🗸 Gas Gathering System: Lease Name: Kelso D28834 Saltwater Disposal Well - Permit No.: ___ Sec. 11 Twp. 34 R. 13 ✓ E W Spot Location: 208 _ feet from N / V S Line Legal Description of Lease: N/2 SW/4 and SE/4 SW/4 and SE/4 _ feet from 🗸 E / 🗌 W Line 11-34-13 Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: Montgomery **Number of Injection Wells** Production Zone(s): Weiser-Wayside Field Name: Wayside-Havana Injection Zone(s): " Side Two Must Be Completed. Surface Pit Permit No.: feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: **Emergency** Burn Settling Haul-Off Workover Drilling 34543 Past Operator's License No. Don Pettine Contact Person: Donke Oil & Gas. LLC Past Operator's Name & Address: 4637 E. 91st St., Tulsa, OK 74137 Title: Manager 33606 / Billy Thornton New Operator's License No. Contact Person: New Operator's Name & Address: Thornton Air Rotary, LLC Phone: 620-252-9243 2186 US Highway 166 Plains Mkt., LP Oil / Gas Purchaser: Caney, KS 67333 Sole Member Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 the new operator of the above named lease containing the surface pit . Recommended action: permitted by No.: _

PRODUCTION

New Operator

Authorized Signature

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

AUG 25 2014 127485 CONSERVATION DIVISION KDOR Lease No.: WICHITA, KS N/2 SW/4 & SE/4 SW/4 & SE/4 11-34-13E * Lease Name: Kelso * Location: Well No. API No. Footage from Section Line Type of Well Well Status (YR DRLD/PRE '67) (i.e. FSL = Feet from South Line) (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned) 15-125-31580 2318 366 Oil **Producer** A-36 2494 Oil **Producer** 15-125-23674² 1823 (FEÎ/FWL (FŚL)FNL A-49 15-125-25642^{-/} 1190 161 FED/FWL Oil Producer (FSI)FNL 15-125-25116 1176 FSL) FNL 815 Oil **Producer** ∕A-50 (FEL)FWL 15-125-01320 **√** 1194 (FSL) FNL _B-49 489 Oil Producer FEL/FWL 15-125-01322 1525 Producer _C-48 496 Oil FSL (FEL) FWL 15-125-26590* <u>C-62</u> 203 1836 Oil Producer (FEL)FWL 15-125-01321 D-48 1552 168 Oil Producer FSL FEL)FWL √D-64 15-125-01390-0003 208 158 Disp. FSL FEL)FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FSL/FNL **FEL/FWL** FEL/FWL FSL/FNL FSL/FNL FEL/FWL FEL/FWL FSL/FNL 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

FSL/FNL

FEL/FWL

FEL/FWL

A separate sheet may be attached if necessary

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Form KSONA-1 July 2014 Form Must Be Typed Form must be Signed All blanks must be Filled

AUG 25 2014

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

CONSERVATION DIVISION WICHITA, KS

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 (C	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 33606	Well Location:
Nome: Thornton Air Rotary, LLC	Sec. 11 Twp. 34 S. R. 13 🗷 East 🗌 West
Name: Thornton Air Rotary, LLC Address 1: 2186 US Highway 166	County: Montgornery
	Lease Name: Kelso Well #:
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
City: State: Zip:	
Contact Person: Billy Thornton Phone: (620) 252-9243 Fax: (620) 879-2073	
Email Address: thomrus@hotmail.com	
Surface Owner Information: Name: Louis E. and Mary L. Roper Address 1: 17097 CR 1263 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	dic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner.	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. cknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the k	of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
I hereby certify that the statements made herein are true and correct to	
Date: 8/18/14 Signature of Operator or Agent: Bull	Montes Title: SolE MEMBER