### 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,

| Check Applicable Boxes:   | · .  |
|---|--|
| ☑ Oil Lease: No. of Oil Wells**   | Effective Date of Transfer: 8/6/14   |
| Gas Lease: No. of Gas Wells**   | KS Dept of Revenue Lease No.: 100345   |
| Gas Gathering System:   | Lease Name: Wemmer   |
| Saltwater Disposal Well - Permit No.: D19602                              | NE SE NE NW Sec. 25 TWP. 345 R. Received E W   |
| Spot Location: 40'18 feet from N/ S Line                                  | KANSAS CORPORATION COMMISSION  |
|   | Legal Description of Lease:  |
| Enhanced Recovery Project Permit No.:                                     | CONCEDIATION DATES   |
| Entire Project: Yes No  | County: Chantanqua CONSERVATION DIVISION WICHITA, KS   |
| Number of Injection Wells***  | Production Zone(s): Way's late Read  |
| Field Name: Peru-Sedan  | Injection Zone(s): Little Salt Upper lay to  |
| ** 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 DC Drilling  |
| ,   | T K I had had  |
| Past Operator's License No. 3/48 6  | Contact Person: Jack Horton  |
| Past Operator's Name & Address: Jac Horton                                | Phone: 620-249-44 16   |
| 1958 CR 3000 Independence KS  | Date: 8/4/14   |
| Title: Derator_Owner  | Signature:   |
| Title.  | ~  |
| New Operator's License No. 35037/   | Contact Person: John Horton  |
| Tal H. La   | Phone: 630-240-3382  |
|   | 1100 - 17 O  |
| PO Box 314 Sedan, KS 67361  | dichu  |
|   | Date: D O I I  |
| Title: Operator   | Signature: Your Hoton  |
| Acknowledgment of Transfer: The above request for transfer of injection   | authorization surface pit permit # has been  |
|   | Commission. This acknowledgment of transfer pertains to Kansas Corporation   |
| Commission records only and does not convey any ownership interest in the |  |
| Commission records only and december only any emission                    |  |
| Horton, John 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.: D-19.602 . Recommended action: Veel                           | permitted by No.:  |
| U3C's for 2010-2013   |  |
| Date: 8-26-14 Cherry Dexl   | Date:  |
| Authorized Signature  | AUG 2 8 2014 P-01 5/1/   |
|   | PRODUCTION UIC GOOD  |
| Mail to: Past Operator 8-26-14 New Operat                                 | UI DIGITIVE DIGITI DIGITIVE DIGITI DIGITI DIGITI DI DIGITI DI DIGITI DI DIGITI DI DIGITI DI DIGITI DI DIGITIVE DIGITI DI DIGITI |

#### Side Two

#### Must Be Filed For All Wells

| KDOR Lease I   |                                  |                                  |                |                                   |                       |
|----------------|----------------------------------|----------------------------------|----------------|-----------------------------------|-----------------------|
| * Lease Name:_ | Memmer                           |                                  | * Location:    | NW/4 of 1                         | .5-34-/1E             |
| Well No.       | API No.<br>(YR DRLD/PRE '67)     | Footage from (i.e. FSL = Feet fr | om South Line\ | Type of Well<br>(Oll/Gas/INJ/WSW) | (PROD/TA'D/Abandened) |
|                | 15-019-19373                     | 4042 Cm                          | 3437 ED HU     | Ken from W                        | Producing             |
| <u>, 2.</u>    | 15-019-19374                     | 460                              | 2914           | 011                               | Producing             |
| 3              | 15-019-19743-000                 | 1 4078 (S) (M)                   | 3350           | JND                               | Active                |
| <u> </u>       |                                  | 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        |                                   |                       |
|                |                                  | FSL/FNL                          | FEL/FWL        |                                   |                       |
|                |                                  | FSL/FNL                          | FEL/FWL        | <u> </u>                          |                       |
|                |                                  | 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        |                                   |                       |
|                |                                  | FSL/FNL                          | FEL/FWL        | ****                              |                       |
|                |                                  | FSL/FNL                          | FEL/FWL        |                                   |                       |
|                |                                  | FSL/FNL                          | FEL/FWL        |                                   |                       |
|                |                                  | FSL/FNL                          | FEL/FWL        |                                   |                       |
|                |                                  | FSL/FNL                          | FEL/FWL        |                                   |                       |
| A seperate she | net may be attached if necessary |                                  |                |                                   |                       |

<sup>\*</sup>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 January 2014 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 (C  | athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)  |
|--|---|
| OPERATOR: License # 35037  Name: John Horton  Address 1: PO Box 314  Address 2:  | Well Location:  |
| Surface Owner Information:  Name: John David Franks  Address 1: 613 N. Bradley  Address 2:  City: Caney State: KS zip: 673333+   | 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. |
| are preliminary non-binding estimates. The locations may be entered on Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be lo | 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.   |
| form; and 3) my operator name, address, phone number, fax, ar  I have not provided this information to the surface owner(s). I ac  KCC will be required to send this information to the surface owner.                               | knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and   |
| If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1   | ee 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: S Signature of Operator or Agent:  | $II \rightarrow I$  |

AUG 1 2 2014