

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**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.

Form T-1  
March 2010  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 16 \*\*
- ☐ 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: EASTON

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

Effective Date of Transfer: NOVEMBER 1, 2013

KS Dept of Revenue Lease No.: 114671

Lease Name: DEMARANVILLE

\_\_\_\_\_ NW Sec. 3 Twp. 9S R. 20 ☒ E ☐ W

Legal Description of Lease: NW/4 OF SECTION 3

County: LEAVENWORTH

Production Zone(s): McLOUTH SANDSTONE

Injection Zone(s): \_\_\_\_\_

KCC WICHITA

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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 DR ☐ Drilling

Past Operator's License No. 34566 ✓

Contact Person: JOHN J BASSETT

Past Operator's Name & Address: JAG PETROLEUM LLC  
17625 EL CAMINO REAL SUITE 220, HOUSTON, TX

Phone: 281-480-6909

Title: PRESIDENT

Date: 9/11/14

Signature: [Signature]

New Operator's License No. 34283 34978 ✓  
ROBINETTE OIL LLC

Contact Person: EDWARD WILLIS

New Operator's Name & Address: WILLIS WELL SERVICE, LLC  
330 WEST MAIN, P.O. BOX 142

Phone: 620-431-8583

CHANUTE, KS 66720

Oil / Gas Purchaser: KELLY MACLASKEY OILFIELD SERVICES

Date: Nov 1 2013

Signature: Edward Willis

Title: PRESIDENT

SEP 15 2014

CONSERVATION DIVISION  
WICHITA, KS

**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 9-17-14 PRODUCTION SEP 18 2014 UIC 9-18-14

Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

\* Location: NW/4 OF SECTION 3, T9S-R20E

\* When transferring a unit which consists of more than one lease please file a separate side two for each lease indicating 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 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 # 34978  
Name: ROBINE HE OIL LLC  
Address 1: 330 W. MAIN PO Box 142  
Address 2: \_\_\_\_\_  
City: Chanute State: Ks Zip: 66720  
Contact Person: ED Willis  
Phone: ( 620 ) 431-8583 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: Willis76@CableONE.NET

Well Location:  
\_\_\_\_\_ - \_\_\_\_\_ - NW Sec. 3 Twp. 9 S. R. 20 ☒ East ☐ West  
County: LEAVENWORTH  
Lease Name: DEMARANVILLE Well #: \_\_\_\_\_

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*

NW/4 of Section 3

**Surface Owner Information:**

Name: "SEE ATTACHED LIST"  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*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: Nov 1 2013 Signature of Operator or Agent: Edward Willis Title: President

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KANSAS CORPORATION COMMISSION

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SEP 15 2014

JUN 25 2014

CONSERVATION DIVISION  
WICHITA, KS

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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Demaranville Surface Owners

Robert D. Demaranville

29182 187<sup>th</sup> Street

Leavenworth, KS 66048

Ernest R. Demaranville

31825 20<sup>th</sup> Street

Leavenworth, KS 66048

Received  
KANSAS CORPORATION COMMISSION

SEP 15 2014

CONSERVATION DIVISION  
WICHITA, KS