

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 8 2 **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ Gas Gathering System: _____
- ☒ Saltwater Disposal Well - Permit No.: D30386
- Spot Location: 1650 feet from ☐ N / ☒ S Line
- 660 feet from ☐ E / ☒ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells none **

Field Name: Hall Gurney

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

Effective Date of Transfer: September 1, 2014

KS Dept of Revenue Lease No.: 403331 / 125228

Lease Name: A HEARD

N2 Sec. 30 Twp. 14 R. 12 ☐ E ☒ W

Legal Description of Lease: N/2 OF SW/4-30-14-12W

County: RUSSELL

Production Zone(s): N/A

Injection Zone(s): GRANITE WASH

Surface Pit Permit No.: N/A
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling

☐ Haul-Off ☐ Workover 02 ☐ Drilling

Past Operator's License No. 9370 ✓

Past Operator's Name & Address: KAL OIL OPERATION
102 West 7th, Russell, Kansas 67665

Title: OWNER/OPERATOR

Contact Person: ALFRED EMMONS

Phone: 785-483-3267

Date: September 1st, 2014

Signature: Alfred Emmons CONSERVATION DIVISION
WICHITA, KS

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KANSAS CORPORATION COMMISSION

OCT 02 2014

New Operator's License No. 35075 ✓

New Operator's Name & Address: Kansas Renewable Resources, LLC
700 Pawnee Avenue, Pawnee Rock, Kansas, 67567

Title: OWNER/OPERATOR

Contact Person: Larry Dolechek or Debra Dolechek

Phone: 785-658-3528

Oil/Gas Purchaser: KELLY MACLASKEY OIL FIELD SERVICES, INC.

Date: September 1st 2014

Signature: Debra Dolechek

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SEP 25 2014

CONSERVATION DIVISION
WICHITA, KS

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # N/A 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.

Kansas Renewable Resources LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: D-30386. Recommended action: _____
Need U30's for 2009-2013
Date: 10-13-14 Cheryl 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 _____ EPR 10-10-14 PRODUCTION OCT 14 2014 UIC 10-13-14
Mail to: Past Operator 10-13-14 New Operator 10-13-14 District 4 10-13-14

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

Form KSONA-1
January 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 # 35075
Name: Kansas Renewable Resources, LLC
Address 1: 700 Pawnee Avenue
Address 2: _____
City: Pawnee Rock State: KS Zip: 67567 + _____
Contact Person: Larry Dolechek or Debra Dolechek
Phone: (785) 658-3528 Fax: (_____) _____
Email Address: Debra Dolechek (debrad8@wtciweb.com)

Well Location:
N2 SW - - - Sec. 30 Twp. 14 S. R. 12 ☐ East ☒ West
County: RUSSELL
Lease Name: A HEARD Well #: 3

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

N/2 OF SW/4 OF 30-14-12W

Surface Owner Information:

Name: PAUL COBB
Address 1: 2932 BERKLEY LANE
Address 2: _____
City: SALINA State: KS Zip: 67401 + _____

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: 9-1-2014 Signature of Operator or Agent: [Signature] Title: Agent

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WICHITA, KS
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