KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Effective Date of Transfer: 115068 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: Gas Gathering System: Western University Lease (Black) Saltwater Disposal Well - Permit No.: - NE Sec. 21 Twp. 17 R. 21 ✓E feet from N / S Line Legal Description of Lease: NE/4 Sec.21 Twp.17 R.21E feet from E / W Line ✓ Enhanced Recovery Project Permit No.: *E 20537* Entire Project: ✓ Yes No Franklin County: _ Number of Injection Wells Production Zone(s): Paola-Rantoul Field Name: Injection Zone(s): Received ** Side Two Must Be Completed. KANSAS CORPORATION COMMISSION OCT 0 1 2014 Surface Pit Permit No.: feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) CONSERVATION DIVISION W Line of Section WICHITA, KS Settling Type of Pit: Emergency Burn Haul-Off Workover Donald L. Humerickhouse Past Operator's License No. Contact Person: Donald L. Humerickhouse 785-242-7219 Past Operator's Name & Address: Phone: 2182 Iowa Rd. Ottawa, Ks 66067 Operator Title: 35 IZ Lucas Humerickhouse New Operator's License No. Contact Person: LH Oil, LLC 785-214-9453 New Operator's Name & Address: 33709 W. 339th St. Osawatomie, Ks 66064 Operator Title: 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 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.: _____ Authorized Signature Authorized Signature DISTRICT . 10-8-10-8-1 10-8-14 Mail to: Past Operator **New Operator**

Side Two

Must Be Filed For All Wells

KDOR Lease I	No.:11506	115068			
* Lease Name: _	Western Universi	ty Lease (Black)	* Location:	NE/4 of Sec.21 Twp.17	S R.21E
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
C 17 A	15-059-22392-00-00	3985 Fal FNL	2175 FELIFWL	EOR	IN
4A	15-059-21907-00-00/	4850 ESLIFNL	1530 EL/FWL	OIL	PROD
C9A	15-059-22028-00-00	4436 FSL/FNL	1576	OIL	PROD
D5A	15-059-21909-00-00	,	1943 FEVFWL	OIL	PROD
D6A	15-059-22029-00-00	4876 EST/FNL	2383 FEYFWL	OIL	PROD
		FSL/FNL	FEL/FWL		
	AMENO DE MOS PAR ESTADO ANA ANTIGO AN	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	-	
	ALCONOMICS AND AN ARCHITECTURE AND ARCHI	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
NAMES OF ADDRESS OF PERSONS ASSESSED VALUE OF A STREET		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		Received KANSAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		- 60 / 0 1 2014
		FSL/FNL	FEL/FWL	MANUAL PORT	CONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		, •••••••

A separate sheet may be attached if necessary

^{*} 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 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 9801 Name: Donald L. Humerickhouse Address 1: 2182 Iowa Rd Address 2: City: Ottawa State: KS Zip: 66067 + Contact Person: Donald L. Humerickhouse Phone: (785) 242-7219 Fax: () Email Address: NA	Well Location:
Surface Owner Information: Name: Western Unitable Address 1: Ascertain of the AME. Church Address 2: P.O. Box 1428 City: Kanjus City State: KS zip: lele 104	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, tandare preliminary non-binding estimates. The locations may be entered of Select one of the following:	odic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is or will be !	Act (House Bill 2032), I have provided the following to the surface 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.
KCC will be required to send this information to the surface or	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is 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	the best of my knowledge and belief.
Date: Signature of Operator or Agent	fimulation mile:

Received KANSAS CORPORATION COMMISSION

OCT 0 1 2014