

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 _____ **

☒ Gas Lease: No. of Gas Wells 8 **

☐ Gas Gathering System: _____

☒ Saltwater Disposal Well - Permit No.: D-26,484

Spot Location: 5080 feet from ☐ N / ☒ S Line

200 feet from ☒ E / ☐ W Line

☐ Enhanced Recovery Project Permit No.: _____

Entire Project: ☐ Yes ☐ No

Number of Injection Wells _____ **

Field Name: Paola-Rantoul

**** Side Two Must Be Completed.**Effective Date of Transfer: 12-31-12KS Dept of Revenue Lease No.: N/A 215432 Well ListLease Name: R. E. ROSEBERRY #2NE - NE - NE - NE Sec. 1 Twp. 18 R. 20 ☒ E ☐ WLegal Description of Lease: N/2 of Sec. 1-T18-R20ECounty: Franklin**KCC WICHITA**Production Zone(s): PERU**JUN 20 2013**Injection Zone(s): MISSISSIPPI**RECEIVED**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 SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling☐ Haul-Off☐ Workover☒ Drilling**Received**Past Operator's License No. 5150 ✓Past Operator's Name & Address: COLT ENERGY, INC.P.O. BOX 388, IOLA, KS. 66749Title: OFFICE MANAGERContact Person: DENNIS KERSHNERPhone: 620-365-3111Date: 6/18/13Signature: Dennis Kershner

KANSAS CORPORATION COMMISSION

OCT 14 2014CONSERVATION DIVISION
WICHITA, KSNew Operator's License No. 34783 ✓New Operator's Name & Address: CHAD BURKDOLL4146 HAMILTON ROADRANTOUL, KANSAS 66079Title: OWNERContact Person: CHAD BURKDOLLPhone: 785-241-4022Oil / Gas Purchaser: Own personal useDate: 6/12/2013Signature: Chad Burkdoll

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.

Burkdoll, Chad is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: D-26,484 . Recommended action: _____
Need U30's for 2012-2013
Date: 10-15-14 Cheryl J. Beyer
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 10-14-14PRODUCTION 10-20-14UIC 10-15-14Mail to: Past Operator 10-15-14New Operator 10-15-14District (3) 10-15-14

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

* Lease Name: R. E. ROSEBERRY #2 * Location: N/2 of Sec. 1-T18-R20E

* 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

**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 # 5150
Name: COLT ENERGY, INC
Address 1: P O BOX 388
Address 2: _____
City: IOLA State: KS Zip: 66749 + _____
Contact Person: DENNIS KERSHNER
Phone: (620) 365-3111 Fax: (620) 365-3170
Email Address: _____

Well Location:
NE NE NE NE Sec. 1 Twp. 18 S. R. 20 ☒ East ☐ West
County: FRANKLIN
Lease Name: R E ROSENBERY (2) Well #: _____
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
N2 1-18-20E

Surface Owner Information:

Name: KEVIN SPENCER
Address 1: 3960 ROCK ROAD
Address 2: _____
City: RANTOUL State: KS Zip: 66079 + _____

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: 6-18-13 Signature of Operator or Agent: Shirley Stotter Title: Production Clerk

Received
KANSAS CORPORATION COMMISSION

OCT 14 2014

KCC WICHITA

JUN 27 2013

RECEIVED