### 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.
Received Check Applicable Boxes: KANSAS CORPORATION COMMISSION 08/01/2014 Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells SEP 2 6 2014 KS Dept of Revenue Lease No.: 221166 Gas Gathering System: Lease Name: GROTH E H CONSERVATION DIVISION Saltwater Disposal Well - Permit No.: WICHITA, KS. SW \_ NE \_ NE Sec. 31 Twp. 29 R. 33 E W W feet from N / S Line Spot Location: Legal Description of Lease: SW-NE-NE of Sec.31- Twp.29 - R.33W feet from L E / W Line Enhanced Recovery Project Permit No.: \_ County: Haskell Entire Project: Yes No Number of Injection Wells lugoton Injection Zone(s): \*\* Side Two Must Be Completed. S Line of Section feet from Surface Pit Permit No.: \_ (API No. if Drill Pit, WO or Haul) W Line of Section feet from Haul-Off Settling Workover Type of Pit: Emergency Burn 33094 🗸 Genea Holloway Contact Person: \_ Past Operator's License No. Phone: 918-295-1658 Cimarex Energy Co. Past Operator's Name & Address: 07/25/2014 202 S. Cheyenne Ave., Suite 1000, Tulsa, OK. 74103 Date: Title: Production Administration Supervisor Contact Person: Greg R. Casillas 34997 New Operator's License No. Phone: 918-582-5310 Casillas Petroleum Corp. New Operator's Name & Address: Received 401 S. Boston Ave., Suite 2400 KANSAS CORPORATION COMMISSION Tulsa, OK, 74103 President/CEO Signature: CONSERVATION DIVISION WICHITA, KS 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 permitted by No.: \_ \_\_\_\_\_. Recommended action: Date: Authorized Signature Authorized Signature uidNOV 1 2 2014 DISTRICT -District Mail to: Past Operator **New Operator** 

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 221166		<del> </del>		
	ODOTHELL		* Location: S	SW-NE-NE of Sec.31-	Twp.29 - R.33W
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2-2	15-081-20997-0000	4030 ESL FNL	1250 FEU FWL	GAS	PR0D
		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		
Sanata anala a		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
we have		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		
<u> </u>	SEP 2 6 2014	FSL/FNL	FEL/FWL		
	CONSERVATION DIVISION WICHITA, KS	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		Received
		FSL/FNL	FEL/FWL	<b>K</b>	ANSAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		SEP 1 1 2014
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS

A separate sheet 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.

Name: Cimafrex Energy Co.  SEP 2 6 2014  Address 1: 202 S. Cheyenne Ave.  Address 2:	OPERATOR: License # 33094 KANSAS CORPORATION COMMISSION	Well Location:		
Address 1: 202 S. Cheyenne Ave.  Address 2: VIIIsa State: OK Zip: 74103 + If Illing a Form 7-1 for multiple wells on a lease, enter the legal description of the lease below:  If Illing a Form 7-1 for multiple wells on a lease, enter the legal description of the lease below:  Surface Owner Information:  Name: BILL A LE KING ETAL  Address 1: 1102 MOCKINGBIRD LANE  Address 2: City: GARDEN CITY State: KS Zip: 67846 +  If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owner and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. 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). I acknowledge that I am filling in connection with its form; 2) if the form being field is a Form C-1 or Form CB-1, Form TF-1, or Form CP-1 that I am filling in connection with its form; 2) if the form being field is a Form C-1 or Form CB-1, Form TF-1, or Form CP-1 that I must provide the name and address of the surface owner(s). To mitigate the additional cost of the KCC with the space of 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(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(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(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(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the				
Address 2: WICHTA KS  City: Tulsa State: OK Zip: 74103 + Lease Name: GROTH E H  Well #: 2-2  If filing a Form 7-1 for multiple wells on a lease, enter the legal description of the lease below:  If filing a Form 7-1 for multiple wells on a lease, enter the legal description of the lease below:  Surface Owner Information:  Name: BILL A LE KING ETAL  Address 1: 1102 MOCKINGBIRD LANE  Address 2: Men Filing a Form 7-1 involving multiple surface owners, suttach an additions sheel listing all of the information to the left or each surface owner. Surface owner information can be found in the records of the agister of deeds for the county, and in the real estate property tax records of the county treasurer.  City: GARDEN CITY State: KS Zip: 67846 +  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:  X 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 1 am filling in connection with this form; 2) if the form being filled 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.  If have not provided this information to the surface owner(s). I acknowledge that, because I have not provided 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 bein	202 S. Chevenne Ave			
Contact Person:  Genea Holloway  Phone:  (918	WICHITA KS	Lease Name: GROTH E H Well #: 2-2		
Contact Person:  Genea Holloway  295-1658 Fax: (918 ) 512-4120  Email Address: gholloway@cimarex.com  Surface Owner Information:  Name: BILL A LE KING ETAL  Address 1: 1102 MOCKINGBIRD LANE  Address 2: 4. 1102 MOCKINGBIRD LANE  Address 2: 514 Mocking Bird Lane  Address 3: 515 Mocking Bird Lane  Address 4: 515 Mocking Bird Lane  Address 5: 515 Mocking Bird Lane  Address 6: 515 Mocking Bird Lane  Address 7: 5102 MOCKINGBIRD LANE  Address 8: 515 Mocking Bird Lane  Address 9: 515 Mocking Bird Lane  Address 10: 515 Mocking Bird Lane  Address	City: Tulsa State: OK Zip: 74103 +	•		
Phone: ( 918 ) 295-1658 Fax: ( 918 ) 512-4120  Email Address: gholloway@cimarex.com  Surface Owner Information:  Name: BILL A LE KING ETAL  Address 1: 1102 MOCKINGBIRD LANE  Address 2:	Contact Person: Genea Holloway	,		
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Address 2: county, and in the real estate property tax records of the county treasurer.  City: GARDEN CITY	Name: BILL A LE KING ETAL	When filing a Form T-1 involving multiple surface owners, attach an additional		
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SEP 1 1 2014