

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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 1 **
- ☒ Gas Lease: No. of Gas Wells 1 **
- ☐ 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: Zenith-Peace Creek

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

Effective Date of Transfer: 11/10/14

KS Dept of Revenue Lease No.: 223845

Lease Name: C. J. COLLIE 1A

_____ Sec. 19/30 Twp. 23S R. 10 ☐ E ☒ W

Legal Description of Lease: SW/4 Sec 19- 23S- 10W

NW/4 Sec 30-23S- 10W

County: Reno

Production Zone(s): _____ **Received**
KANSAS CORPORATION COMMISSION

Injection Zone(s): _____ **NOV 10 2014**

CONSERVATION DIVISION
WICHITA, KS

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 OK ☐ Drilling

Past Operator's License No. 31888 ✓

Past Operator's Name & Address: C&J Pumping, Inc.

P.O. Box 158 Sylvia, KS 67581-0158

Title: President

Contact Person: Jeanette Marks

Phone: (620)486-3455

Date: Nov 4, 2014

Signature: Jeanette Marks

New Operator's License No. 31714 ✓

New Operator's Name & Address: Novy Oil & Gas, Inc.

P.O. Box 559

Goddard, KS 67052

Title: President

Contact Person: Michael E. Novy

Phone: (316)794-7200

Oil / Gas Purchaser: NCRA

Date: 12-04-2014

Signature: Michael E. Novy

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 11-13-14 PRODUCTION NOV 14 2014 UIC NOV 14 2014
Mail to: Past Operator _____ New Operator _____ District _____

* Location: SW/4 Sec 19- 23S- 10W, NW/4 Sec 30- 23S- 10W

* 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.

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Form KSONA-1
July 2014

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**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) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 31714
Name: Novy Oil & Gas, Inc.
Address 1: PO Box 559
Address 2: _____
City: Goddard State: KS Zip: 67052 + _____
Contact Person: Michael E. Novy
Phone: (316) 794-7200 Fax: (316) 794-3314
Email Address: novyoil@aol.com

Well Location:
_____ - _____ - SW Sec. 19 Twp. 23 S. R. 10 ☐ East ☒ West
County: Reno
Lease Name: Colle Well #: 1A

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

Surface Owner Information:

Name: Robin Hanna
Address 1: 3013 Cabrillo Dr
Address 2: _____
City: Winfield State: KS Zip: 67156 + 8793

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: 11-4-2014 Signature of Operator or Agent: Michael E. Novy Title: President

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NOV 10 2014

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Address 1: PO Box 559
Address 2: _____
City: Goddard State: KS Zip: 67052 + _____
Contact Person: Michael E. Novy
Phone: (316) 794-7200 Fax: (316) 794-3314
Email Address: novyoil@aol.com

Well Location:
_____ - _____ - _____ NW Sec. 30 Twp. 23 S. R. 10 ☐ East ☒ West
County: Reno
Lease Name: Straightman Colle Well #: 1

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

Surface Owner Information:

Name: Gary and Darlene Meggers
Address 1: 37209 W. Blanchard Ave
Address 2: _____
City: Sylvia State: KS Zip: 67581 + _____

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