KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 July 2014 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: Effective Date of Transfer: ____11/10/14 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells ____1 KS Dept of Revenue Lease No.: 218556 Gas Gathering System: Lease Name: Hook Saltwater Disposal Well - Permit No.: ____ _ <u>S2 _ SE Sec. 19 Twp. 23S R. 10 F</u>E W _ feet from N / S Line Legal Description of Lease: S/2 of SE/4 feet from E / W Line Enhanced Recovery Project Permit No.: _ County: Reno Received Entire Project: Yes No KANSAS CORPORATION COMMISSION Number of Injection Wells _ Production Zone(s): NOV 1 n 2014 Field Name: Zenith-Peace Creek Injection Zone(s): CONSERVATION DIVISION ** Side Two Must Be Completed. WICHITA, KS S Line of Section Surface Pit Permit No.: _ (API No. if Drill Pit, WO or Haul) W Line of Section feet from Haul-Off Workover Type of Pit: Emergency Burn Settling Jeanette Marks Past Operator's License No. 31888 / Contact Person: _ Phone: (620)486-3455 Past Operator's Name & Address: __C&J Pumping, Inc. P.O. Box 158 Sylvia, KS 67581-0158 President Signature: Contact Person: Michael E. Novy New Operator's License No. -New Operator's Name & Address: _Novy Oil & Gas, Inc. Phone: (316)794-7200 Oil / Gas Purchaser: NCRA P.O. Box 559 Goddard, KS 67052 President 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: _____ _____ . Recommended action: _ Authorized Signature Authorized Signature UIC ____ 1 4 2014 PRODUCTION _ DISTRICT -District New Operator Mail to: Past Operator __

Side Two

Must Be Filed For All Wells

	No.: 218556 *			S/2 of SE/4 Sec 19- T2:	3S- R10W
Lease Name:	IION		* Location:	312 OF 3E14 386 18- 12.)O- 1/ 1044
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
#1	15-155-21218 V	330 Circle	1224 Circle	Gas	PROD
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			FEL/FWL		
		FSL/FNL			
			FEL/FWL		Received SAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		NOV 1 0 2014
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION
···		FSL/FNL	FEL/FWL		WICHITA, KS

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.

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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 (Ca	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
3171/			
OPERATOR: License # 31714	Well Location:		
Name: Novy Oil & Gas, Inc. Address 1: PO Box 559			
	County: Reno		
Address 2:	Lease Name: Hook Well #: 1		
City: Goddard State: KS Zip: 67052 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Michael E. Novy Phone: (316) 794-7200 Fax: (316) 794-3314			
Phone: (310) 794-7200 Fax: (310) 794-3314			
Email Address: novyoil@aol.com			
Surface Owner Information: Name: Davidson Cattle, LLC	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 4000 Old Salem St.	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.		
Address 2:			
City: Hutchinson State: KS Zip: 67502 +			
,			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	patteries, pipelines, and electrical lines. The locations shown on the plat		
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	rated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ping filed is a Form C-1 or Form CB-1, the plat(s) required by this		
□ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	er(s). To mitigate the additional cost of the KCC performing this if the surface owner by filling out the top section of this form and		
If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee 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 t	ne best of my knowledge and belief.		
Date: 1/- 4-2014 Signature of Operator or Agent:	President Title:		
,	Received KANSAS CORPORATION COMMISSION		

NOV 1 0 2014