District .

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 ____1 Gas Lease: No. of Gas Wells ___ KS Dept of Revenue Lease No.: 107227 Gas Gathering System: Lease Name: Sturgeon Saltwater Disposal Well - Permit No.: ___ _ <u>S2 _ NW Sec, 36 Twp, 23S R, 11 E ✓ W</u> _ feet from N / S Line Legal Description of Lease: S/2,NW/4 Sec 36- 23S- 11W feet from E / W Line Enhanced Recovery Project Permit No.: _ Received KANSAS CORPORATION COMMISSION County: Stafford Entire Project: Yes No Number of Injection Wells ___ Production Zone(s):_ Field Name: Zenith-Peace Creek CONSERVATION DIVISION Injection Zone(s):_ ** Side Two Must Be Completed. S Line of Section Surface Pit Permit No.: feet from (API No. if Drill Pit, WO or Haul) W Line of Section Haul-Off Workover Drilling Settling Type of Pit: Emergency Burn 31888 / Jeanette Marks Past Operator's License No. Past Operator's Name & Address: C&J Pumping, Inc. (620)486-3455 P.O. Box 158 Sylvia, KS 67581-0158 Title: President Signature: Contact Person: Michael E. Novy New Operator's License No. 31714 / Phone: (316)794-7200 New Operator's Name & Address: Novy Oil & Gas, Inc. P.O. Box 559 Oil / Gas Purchaser: NCRA Goddard, KS 67052 President 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 _____. Recommended action: permitted by No.: _ Authorized Signature Authorized Signature

DISTRICT -

Mail to: Past Operator _

Must Be Filed For All Wells

KDOR Lease N					
* Lease Name:	Sturgeon		* Location:	6/2, NW/4 Sec 36- 23S-	11W
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)
Sturgeon #\2	15-185-11236	3300 Circle FSL/FNL	4290 Circle	Oil	PROD
		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		Received KANSAS CORPORATION COMMISS
		FSL/FNL	FEL/FWL		NOV 1 0 2014
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION 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.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 July 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) T-1 (Transfer) CP-1 (Plugging Application)						
OPERATOR: License # 31714						
OPERATOR: License # 51714 Name: Novy Oil & Gas, Inc.	Well Location:S2 - NW Sec. 36 Twp. 23 S. R. 11 ☐ East 🗵 West					
Address 1: PO Box 559	a					
	County: Stafford Lease Name: Sturgeon Well #: 1					
Address 2:						
State: 150 Zip: 0.002 +	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						
Email Address: novyoil@aol.com						
Email Address: 1101 York Qualifornia						
Surface Owner Information: Dale and Dwiglette Paulsen						
Name: Dale and Dwiglette Paulsen Address 1: 143 SE 140th Ave.	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.					
Address 1: 110 02 11001/100						
Address 2: KS 67578						
City: Stafford State: KS Zip: 67578 +						
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 t	he best of my knowledge and belief.					
Date: 1 - 4 - 20 / Signature of Operator or Agent: President Received Title: KANSAS CORPORATION COMMISSION						
	NOV 1 0 2014					