Kansas Corporation Commission Oil & Gas Conservation Division

Form T-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filler I

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,
MIST he submitted with this form

Check Applicable Boxes:	MUST DE SUDMIT	tea with this form.			
Oil Lease: No. of Oil Wells**		Effective Date of Transfer: August 9, 2012			
Gas Lease: No. of Gas Wells**		KS Dept of Revenue Lease No.: 213119			
Gas Gathering System:		Lease Name: Cress			
Saltwater Disposal Well - Permit No.:					
Spot Location: feet from N /	S Line	—- <u>NE Sec. 33 Twp. 25 R. 17</u>			
feet from E /	W Line	Legal Description of Lease: NE/4 of S35-T25-R17E			
Enhanced Recovery Project Permit No.:					
Entire Project: Yes No		County: Allen Production Zone(s): Squirrel			
Number of Injection Wells **					
Field Name: Humboldt					
** Side Two Must Be Completed.		Injection Zone(s):			
Surface Pit Permit No.:		feet from N / S Line of Section			
(API No. if Drill Pit, WO or Hau	11)	feet from E / W Line of Section			
Type of Pit: Emergency Burn	Settling	Haul-Off Workover Drilling			
Past Operator's License No. 32109		Contact Person:Douglas L. Shay			
Past Operator's Name & Address:Dakota Production C	0 In G				
KANSAS	CORPORATION COM	Phone: 972-572-5069 MISSION O-table 232-3044			
1.0. Box 330, Neodesila, NS 00737		Date:			
Title: Tesident		Signature:			
CON	SERVATION DIVISION WICHITA, KS	DN STREET, CARLES OF STREET, C			
New Operator's License No. 34769		Contact Person: Pamela Graves			
New Operator's Name & Address: CherokeeNRG LLC		Phone: 620-432-1840			
112 South 5th Street, P.O. Box 111, Neodesha, KS	66757	Oil / Gas Purchaser: Seminole Energy Services			
		Date: October 23, 2014			
Authorized Asset					
Title: Authorized Agent		Signature: Pameld Praces			
Acknowledgment of Transfer: The above request for transfer	nsfer of injection a	authorization, surface pit permit #has been			
noted, approved and duly recorded in the records of the Kar	nsas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownersh	nip interest in the a	above injection well(s) or pit permit.			
is ac	knowledged 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			
Permit No.: Recommended action: _	<u> </u>	permitted by No.:			
Date:		Date:			
Authorized Signature		Authorized Signature			
DISTRICTEPREPREPREPREPR	5/14 P	PRODUCTION DEC 0 2 2014 UICDEC 0 2 /UTG			
Mail to: Past Operator	New Operator	r District			

Side Two

Must Be Filed For All Wells

* Lease Name:	Cress		* Location:	25S-R17E, Sec. 33	
Well No. API No. (YR DRLD/PRE '67)		Footage from (i.e. FSL = Feet from 1)	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned
2	15-001-27314	4950 FSL FNL	1330 FEI/FWL	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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KANSAS OF F	Received
				MOV	Received PORATION COMMISSION
		FSL/FNL	FEL/FWL	INCI V	2-1-2011
		FSL/FNL	FEL/FWL	WICH	TION DIVISION
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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 2010
Form Must Be Typed
Form must be Signed
All blanks must be Fille

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)		
OPERATOR: License # 34769	Well Location:		
Name: CherokeeNRG LLC	NE Sec. 33 Twp. 25 S. R. 17 🕱 East 🗌 West		
Address 1: 112 South 5th Street	Allen		
Address 2: F.O. BOX 111	Lease Name: Cress Well #: 2		
City: Neodesha State: KS Zip: 66757 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Pamela Graves			
Phone: (620) 432-1840 Fax: ()			
Email Addross: pgraves05@yahoo.com			
Received KANSAS CORPORATION COMMISSI	GION		
Surface Owner Information: NOV 2 1 2014			
Name: Maynard Cress CONSERVATION DIVISION	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 652 400 Street WICHITA, KS	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: Humboldt State: KS Zip: 66748 +			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodia the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
☑ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(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	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ging 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 owner task, I acknowledge that I am being charged a \$30.00 handling fe	per(s). To mitigate the additional cost of the KCC performing this		
If choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 to the form CP-1 to	ee with this form. If the fee is not received with this form, the KSONA will be returned.		
I hereby certify that the statements made herein are true and correct to th	ne best of my knowledge and belief.		
Date: 10/23/14 Signature of Operator or Agent: Pame	Da Shaues Title: Authorized Agent		