

Amended

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form #
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.

Check Applicable Boxes:

- ☐ Oil Lease: No. of Oil Wells _____ **
- ☒ Gas Lease: No. of Gas Wells 5 **
- ☐ Gas Gathering System: _____
- ☒ Saltwater Disposal Well - Permit No.: D27483.0
- Spot Location: 2674 feet from ☐ N / ☒ S Line
- 2935 feet from ☒ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: Neodesha

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

Effective Date of Transfer: August 9, 2012

KS Dept of Revenue Lease No.: 213127

Lease Name: Newland

Sec. 6 Twp. 30 R. 17 ☒ E ☐ W

Legal Description of Lease: S/2 SE/4 of Sec 36, T29S, R16E; NE/4 of
Sec 1, T30S, R16E; and the W/2 of Sec 6, T30S, R17E.

County: Wilson

Production Zone(s): Bartlesville

Injection Zone(s): _____

Surface Pit Permit No.: _____ feet from ☐ N / ☐ S Line of Section
(API No. if Drill Pit, WO or Haul)

_____ feet from ☐ E / ☐ W Line of Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling

Past Operator's License No. 32109

Past Operator's Name & Address: Dakota Production Co., Inc.

P.O. Box 350, Neodesha, KS 66757

Title: President

Contact Person: Douglas L. Shay

Phone: 972-572-5069

Date: October 23, 2014

Signature: _____

New Operator's License No. 34769

New Operator's Name & Address: CherokeeNRG LLC

112 South 5th Street, P.O. Box 111, Neodesha, KS 66757

Title: Authorized Agent

Contact Person: Pamela Graves

Phone: 620-432-1840

Oil / Gas Purchaser: Seminole Energy Services

Date: October 23, 2014

Signature: _____

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 11/25/14 PRODUCTION _____ UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Lease Name: Newland

* Location: GPS location on all wells, T30S R17E, Sec. 6

Received
KANSAS CORPORATION COMMISSION
NOV 21 2014
CONSERVATION DIVISION
WICHITA, KS

* 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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 34769
Name: CherokeeNRG LLC
Address 1: 112 South 5th Street
Address 2: P.O. Box 111
City: Neodesha State: KS Zip: 66757 +
Contact Person: Pamela Graves
Phone: (620) 432-1840 Fax: ()
Email Address: pgraves05@yahoo.com

Well Location:
____ - ____ - ____ Sec. 6 Twp. 30 S. R. 17 ☒ East ☐ West
County: Wilson
Lease Name: Newland Well #: 1-6

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

S/2 SE/4 of Sec 36, T29S, R16E; NE/4 of Sec 1, T30S, R16E; and the W/2 of Sec 6, T30S, R17E.

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KANSAS CORPORATION COMMISSION

Surface Owner Information:

Name: Joe Newland
Address 1: 6395 Trego Road
Address 2: _____
City: Neodesha State: KS Zip: 66757 +

NOV 21 2014
CONSERVATION DIVISION
WICHITA, KS

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 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: 10/23/14 Signature of Operator or Agent: Pamela Graves Title: Authorized Agent

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**

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MUST be submitted with this form.

Check Applicable Boxes:

- ☐ Oil Lease: No. of Oil Wells _____ **
- ☒ Gas Lease: No. of Gas Wells 4 **
- ☐ Gas Gathering System: _____
- ☒ Saltwater Disposal Well - Permit No.: D 27483
- 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: Neodesha

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

Effective Date of Transfer: August 9, 2012

KS Dept of Revenue Lease No.: 213127

Lease Name: Newland

_____ Sec. 6 Twp. 30 R. 17 ☒ E ☐ W

Legal Description of Lease: S/2 SE/4 of Sec 36, T29S, R16E; NE/4 of
Sec 1, T30S, R16E; and the W/2 of Sec 6, T30S, R17E.

County: Wilson

Production Zone(s): Bartlesville

Injection Zone(s): Arbuckle

KCC WICHITA

SEP 24 2013

RECEIVED

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 ☐ Drilling

Past Operator's License No. 32109 Exp 5/30/12

Contact Person: Douglas L. Shay

Past Operator's Name & Address: Dakota Production Co., Inc.

Phone: 972-572-5069

P.O. Box 350, Neodesha, KS 66757

Date: September 16, 2013

Title: President

Signature: _____

New Operator's License No. 34769

Contact Person: Pamela Graves

New Operator's Name & Address: CherokeeNRG LLC

Phone: 620-432-1840

101 W. Illinois, Vinita, OK 74301

Oil / Gas Purchaser: Seminole Energy Services

Date: September 18, 2013

Title: Authorized Agent

Signature: _____

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.

Cherokee NRG LLC is acknowledged as

the new operator and may continue to inject fluids as authorized by

Permit No.: D-27483 Recommended action: Need

U3C's for 2012-2013

Date: 11-21-14 Cheryl Bayn
Authorized Signature

_____ is acknowledged as

the new operator of the above named lease containing the surface pit

permitted by No.: _____

Date: _____

NOV 21 2014

Authorized Signature

11-21-14

DISTRICT _____

EPR

9/27/13

PRODUCTION

9-30-13

UIC

9-30-13

Mail to: Past Operator

11-21-14

New Operator

11-21-14

District

(3) 11-21-14

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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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 # 34769
Name: CherokeeNRG LLC
Address 1: 101 W. Illinois
Address 2:
City: Vinita State: OK Zip: 74301
Contact Person: Pamela Graves
Phone: (620) 432-1840 Fax: ()
Email Address: pgraves05@yahoo.com

Well Location:
Sec. 6 Twp. 30 S. R. 17 ☒ East ☐ West
County: Wilson
Lease Name: Newland Well #:

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

S/2 SE/4 of Sec 36, T29S, R16E; NE/4 of Sec 1,
T30S, R16E; and the W/2 of Sec 6, T30S, R17E.

Surface Owner Information:

Name: Joe Newland
Address 1: 6395 Trego Road
Address 2:
City: Neodesha State: KS Zip: 66757

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.

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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 am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 09/16/13 Signature of Operator or Agent: Pamela Graves Title: Authorized Agent

KCC WICHITA

SEP 24 2013

RECEIVED