100114\_Cuttins\_INJ.Fdf

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: 10/1/2014 Oil Lease: No. of Oil Wells Effective Date of Transfer: 143232 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: Lease Name: Cutting Gas Gathering System: Saltwater Disposal Well - Permit No.: \_\_\_ 28 <sub>Twp.</sub> 14 <sub>R.</sub> 22 ₩ E W feet from N / S Line feet from | E / | W Line Enhanced Recovery Project Permit No.: Johnson Entire Project: Yes No County: Bartlesville Number of Injection Wells Production Zone(s): Cutting Bartlesville Field Name: 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 feet from Settling Workover OR Haul-Off Type of Pit: Emergency Burn Nina Flowers 34339 / Past Operator's License No. D & Z Exploration, Inc. 618-829-3274 Past Operator's Name & Address: 10/10/2014 PO Box 159 St. Elmo IL 62458 Office Manager Received 35143 / STEVE GINNINGS Contact Person: \_\_ New Operator's License No. New Operator's Name & Address: BRIDWELL OIL COMPANY CONSERVATION DIVISION WICHITA KS Oil / Gas Purchaser: CVR REFINING, LP P.O. BOX 1830 WICHITA FALLS, TX 76307 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 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.: E-28, 683 . Recommended action: Need permitted by No.: \_\_ Authorized Signature Authorized Signature PRODUCTION DISTRICT -

Mail to: Past Operator

11-21-14

## Must Be Filed For All Wells

KDOR Lease	_	 SW4 S28/T14/R22E			
Lease Name:	Cutting	* Location:		5VV4 528/114/H2ZE	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
#C1	15-091-23854-0000	220 ESD/FNL	2860 FELYFWL	Oil	PROD
#C2	15-091-23855-0000	220 @JFNL	3300 FELFENL	Oil	PROD
#C3	15-091-23856-0000	220 ESLIFINE	3740 (FE)/FWL	Oil	PROD
#C1W	15-091-23857-0000	,	3055 FEL/FWL	INJECTION	PROD
#C2W	15-091-23858-0000	465 (FSL) FNL	3496 FEDFWL	INJECTION	PROD
#C3W	15-091-23859-0000 /	/	3950 FEVFWL	INJECTION	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
		FSL/FNL	FEL/FWL	KA	NSAS CORPORATION COMMISSION
est - January -		FSL/FNL	FEL/FWL		NOV 1 3 2014
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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

NOV 13 2014 CONSERVATION DIVISION WICHITA, KS

## 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 #35143	Well Location:				
Name: Bridwell Oil Company					
Address 1: P.O. Box 1830					
Address 2:	Lease Name: Cutting Well #:				
City: Wichita Falls State: TX Zip: 76307 +	the lease below:				
Contact Person: Steve Ginnings					
Phone: (940) 723-4351 Fax: ( )					
Email Address:					
Surface Owner Information: William & Hannah Cutting Name:	When filing a Form T-1 involving multiple surface owners, attach an additional				
Name:33680 W. 183rd 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				
Address 2: Edgerton State: KS Zip: 66021	county, and in the real estate property tax records of the county treasurer.				
If this form is heing submitted with a Form C-1 (Intent) or CR-1 (Cath	nodic Protection Borehole Intent), you must supply the surface owners and				
the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered	nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
Select one of the following:					
owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface clocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form to being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.				
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ss of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form.				
If choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.				
I hereby certify that the statements made herein are true and correct					
Date: 10-7-2014 Signature of Operator or Agent:	Title: General Manager				
	Received KANSAS CORPORATION COMMISSION				