

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:

- ☒ Oil Lease: No. of Oil Wells 2 **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- 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: Peru-Sedan**** Side Two Must Be Completed.**Effective Date of Transfer: 11/01/2014KS Dept of Revenue Lease No.: 132950Lease Name: FullerSW - NE - SW - SE Sec. 10 Twp. 35S R. 11 ☒ E ☐ WLegal Description of Lease: SW/4 of the SE/4 10-35-11E
* NW/4 of the NE/4 15-35-11ECounty: ChautauquaReceived
KANSAS CORPORATION COMMISSIONProduction Zone(s): Wayside & Mississippi**NOV 10 2014**Injection Zone(s): n/aCONSERVATION DIVISION
WICHITA, KSSurface Pit Permit No.: None
(API No. if Drill Pit, WO or Haul)Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ DrillingPast Operator's License No. 30250Contact Person: Raymond H. Williams Sr, DeceasedPast Operator's Name & Address: Raymond H. Williams, Sr
169 State Hwy 99, Sedan, KS 67361Phone: 620-725-5387Date: November 1, 2014Title: OwnerSignature: Raymond H. Williams Sr.
by Geraldine WilliamsNew Operator's License No. 34568Contact Person: Geraldine WilliamsNew Operator's Name & Address: Hummingbird Oil, LLC
169 State Hwy 99, Sedan, KS 67361Phone: 620-725-5387Oil / Gas Purchaser: Coffeyville ResourcesDate: November 1, 2014Title: PartnerSignature: Geraldine Williams

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # None 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 11/26/14 PRODUCTION DEC 01 2014 UIC DEC 01 2014
Mail to: Past Operator _____ New Operator _____ District _____

* NW/4 of the NE/4 - 15-35-18

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 2014
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 # 34568
Name: Hummingbird Oil, LLC
Address 1: 169 State Hwy 99
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____
Contact Person: Geraldine Williams
Phone: (620) 725-5387 Fax: (_____) _____
Email Address: _____

Well Location:
SW NE SE Sec. 10 Twp. 35 S. R. 11 ☒ East ☐ West
County: Chautauqua
Lease Name: Fuller Well #: 4 & 5

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

SW/4 of the SE/4

* NW/4 of the NE/4 15-35-11E

Surface Owner Information:

Name: Geraldine Williams
Address 1: 169 State Hwy 99
Address 2: _____
City: Sedan State: KS Zip: 67361 + _____

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 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 the best of my knowledge and belief.

Date: 11/01/2014 Signature of Operator or Agent: Sandra Nodell Agent Title: _____

* Corrections G. Williams 11-26-14

Received
KANSAS CORPORATION COMMISSION

NOV 10 2014

**THE REVISED AND RESTATED RAYMOND H. WILLIAMS
AND D. GERALDINE WILLIAMS TRUST**

THIS INSTRUMENT revises and restates the Raymond H. Williams and D. Geraldine Williams Trust, dated June 15, 2007.

THIS TRUST AGREEMENT is entered into by and between Raymond H. Williams and D. Geraldine Williams, of Chautauqua County, Kansas, hereinafter called "Trustors," or separately, "Husband" or "Wife," and Raymond H. Williams and D. Geraldine Williams, hereinafter referred to as Co-trustees."

Reference in this Trust to the "Trustee" shall be deemed a reference to whomever is serving as Trustee, Co-trustees, whether original, alternate or successor.

The initial primary Beneficiaries of this Trust Estate shall be Raymond H. Williams and D. Geraldine Williams.

The effective date of this Trust Agreement shall be June 15, 2007.

Section I. Trust Property.

A. Original Trust Estate. The Trustors acknowledge that they have transferred to the Trustee without consideration, the sum of One Dollar, (\$1.00), which is the original corpus of the Trust Estate.

B. Additions to the Trust Estate. Additional property may be added to the Trust Estate at any time by the Trustors or either of them, or by any person or persons, by inter vivos or testamentary transfer. All such original and additional property is referred to herein collectively as the Trust Estate, and shall be held, managed and distributed as herein provided.

C. Life Insurance. The Trustee may be named as Beneficiary of death benefit proceeds of life insurance policies. Such death benefit proceeds will be subject to all the terms hereof.

The Trustee shall not be obligated to pay any premiums, assessments or other charges on any policies not owned by the Trust, nor to keep anyone informed with respect thereto. The trustee shall not be responsible for any acts or omissions of the owners in connection with any policy. The owner of each policy in which the Trustee is named Beneficiary has reserved all rights, options and privileges, including all incidents of ownership, conferred by the terms of the policies. Such rights shall include, but not be limited to, the right to change the Beneficiaries of such policies.

D. Character of Property Unchanged. During the joint lives of the Trustors, any property transferred to this Trust shall retain its original character and, in the event of revocation, the Trustee shall distribute such property to the Trustors based on the same property rights they had prior to transfer to the Trust. Any and all gifts made by the Trustee, of Trust assets shall

KCC WICHITA

NOV 25 2014

RECEIVED