### 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 \_\_\_\_1 Effective Date of Transfer: KS Dept of Revenue Lease No.: KDOR #132636 Gas Lease: No. of Gas Wells \_ Gas Gathering System:\_ Lease Name: Mull Saltwater Disposal Well - Permit No.: \_ NE - NE - NE - Sec. 28 Twp. 29S R. 33W 330560 feet from N/ S Line Spot Location: \_\_ Legal Description of Lease: NE/4 of Section 28-29S-33W 330560 feet from VE / W Line Enhanced Recovery Project Permit No.: \_\_\_ County: Haskell Entire Project: Yes No Number of Injection Wells Production Zone(s): Kansas City Field Name: Lemon Northeast Injection Zone(s):\_ \*\* Side Two Must Be Completed. feet from N / S Line of Section Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) W Line of Section feet from Workover Drilling Haul-Off Settling Type of Pit: Emergency Burn **Bud Harris** Past Operator's License No. Contact Person: Phone: 303-881-7079 Harris Oil and Gas Company Past Operator's Name & Address: 1620 Pennsylvania Street, Suite #3A, Denver, CO 80203 Title: President Signature: Contact Person: Greg R. Casillas New Operator's License No. . New Operator's Name & Address: Casillas Petroleum Corp. Phone: 918-582-5310 Oil / Gas Purchaser: Plains Marketing L.P. 401 S. Boston Ave., Suite 2400 Received KANSAS CORPORATION COMMISSION Date:\_12/15/14 Tulsa, OK 74103 DEC 2 4 2014 President Signature: CONSERVATION DIVISION WICHITA, KS 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: \_\_ \_\_\_\_\_ . Recommended action: Date: Authorized Signature DISTRICT -

Mail to: Past Operator \_

#### Side Two

#### Must Be Filed For All Wells

Lease Name	: Mull		* Location: N	E/4 of Section 28-29S-	33W
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)
1-28	15081208220001	560 Circle FSLEN	540 Replien Ir	OIL	PROD
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	Received KANSAS CORPORATION COMMI	FSL/FNL	FEL/FWL		
	DEC 2 4 2014	FSL/FNL	FEL/FWL		
	CONSERVATION DIVISION	FSL/FNL V	FEL/FWL	- Andrew Company	
	WICHITA, KS	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
***************************************		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.

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## 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 (C	athodic Protection Borehole Intent) <b>T-1</b> (Transfer) <b>CP-1</b> (Plugging Application)		
0053			
OPERATOR: License # 9953  Name: Harris Oil and Gas Company	Well Location:		
	NE_NE_Sec. 28 Twp. 29 S. R. 33 ☐ East ₩ West		
Address 1: 1620 Pennsylvania Street	County: Haskell  Lease Name: Mull Well #: 1-28		
Address 2: Suite #3A	Lease Name: Well #: 1-26		
City: Denver State: CO Zip: 80203 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Bud Harris	ule lease below.		
Phone: ( 303 ) 881-7079 Fax: ( )  Email Address: hogc@aol.com			
Email Address: hogc@aol.com			
Received KANSAS CORPORATION COMMISSION			
Surface Owner Information:  Name: The Grand Hall Trust  DEC 2 4 2014	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: P.O. Box 219 CONSERVATION DIVISION WICHITA, KS			
Address 2:			
City: Sublette State: KS Zip: 67877 +			
	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.		
Select one of the following.			
owner(s) of the land upon which the subject well is or will be lo	ct (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form 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 ow	cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
12/15/14	President		
Date: Signature of Operator or Agent:	President Title:		