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: _ Gas Lease: No. of Gas Wells __ KS Dept of Revenue Lease No.: __143685 Gas Gathering System: Lease Name: Simpson Saltwater Disposal Well - Permit No.: ___ feet from N / S Line Legal Description of Lease: $\frac{ ext{1527 S 918 W}}{ ext{}}$ 5ω feet from E / W Line SW/4 26/17/34W Enhanced Recovery Project Permit No.: _ County: Scott Entire Project: Yes No Number of Injection Wells Production Zone(s): Ft. Scott Field Name: Wild cat Injection Zone(s):_ ** Side Two Must Be Completed. N / S Line of Section Surface Pit Permit No.: _ feet from (API No. if Drill Pit, WO or Haul) E / W Line of Section Haul-Off Workover N Settling Type of Pit: Burn Emergency 34162/ Tracy A. Poole Past Operator's License No. Contact Person: _ Phone: 918-728-3020 New Gulf Operating, LLC Past Operator's Name & Address: Date: ___ 10441 S. Regal Blvd. Ste 210, Tulsa OK 74133 Title: Vice President Signature: Mr. Charles W. Culbreath Contact Person: New Operator's License No. Phone: 918-749-3508 New Operator's Name & Address: Charles W. Culbreath Culbreath Oil & Gas Company, Inc. Oil / Gas Purchaser: KCC WICHITA Date: ____ 1532 S. Peoria Ave. Tulsa OK 74120-6202 NOV 26 2014 President RECEIVED 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. the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit __ . Recommended action: permitted by No.: _ Date: Authorized Signature Authorized Signature DISTRICT .

Mail to: Past Operator_

Side Two

Must Be Filed For All Wells

Lease Name:	Simpson	* Location: 26/17/34W				
Well No. AP! 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)
1-26	<i>171 -2.0903-0</i> 0	Circle 1527 FSDFNL	913	Circle FELFWL	Oil	Prod
		FSL/FNL		_FEL/FWL		
		FSL/FNL		FEL/FWL		
		FSL/FNL		FEL/FWL		
		FSL/FNL		FEL/F W L		
		FSL/FNL		_ FEL/FWL		
		FSL/FNL		FEL/F WL		
		FSL/FNL		FEL/FWL		
		FSL/FNL		_ FEL/FWL		
		FSL/FNL		FEL/F W L		
		FSL/FNL		FEL/FWL		
		F\$L/FNL		_ FEL/F W L		
·		FSL/FNL		_ FEL/FWL		
		FSL/FNL		_ FEL/F W L		
		FSL/FNL		_ FEL/FWL		
				FEL/FWL		
				FEL/FWL		
		FSL/FNL		FEL/FWL	KC	ATHOMY
					JAN	07 2015
		FSL/FNL		FEL/FWL	R	ECEIVED
				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.

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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 (Ca	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 34162				
OPERATOR: License # 34162	Well Location:			
Name: New Gulf Operating, LLC JAN 0.7 2015	SW SE NW Sec. 26 Twp. 17 S. R. 34 East West			
Address 1: 10441 S. Regal Blvd. Ste 210	County: Scott			
Address 2:	Lease Name: Simpson Well #: 1-26			
City: Tulsa State: OK Zip: 74133 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person: Madeline Taylor Phone: (918) 728-3020	VICHITA			
Phone: (918) 728-3020 Fax: (918) 728-3194 VCC V	·			
Email Address: mtaylor@newgulfresources.com NOV 2	6 2014			
REC	EIVED			
Surface Owner Information:				
Name: William Simpson Rev. Trust C/O Carolyn Simpson Trustee	When filing a Form T-1 involving multiple surface owners, attach an additional			
Address 1: 1867 E. 500 Road	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: Lawrence State: KS Zip: 66049 +				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank to are preliminary non-binding estimates. The locations may be entered on a Select one of the following:	patteries, pipelines, and electrical lines. The locations shown on the plat			
✓ 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	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing 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 own task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	er(s). To mitigate the additional cost of the KCC performing this if the surface owner by filling out the top section of this form and			
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	ee 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	ne best of my knowledge and belief.			
11/21/14	Staff Attorney			
Date: Signature of Operator or Agent:	Title:			