Authorized Signature

District

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 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 Effective Date of Transfer: ___10-01-14 Gas Lease: No. of Gas Wells ____ KS Dept of Revenue Lease No.: __142549 Gas Gathering System: Lease Name: Zerr Saltwater Disposal Well - Permit No.: __ Sec. 20 Twp. 12 R. 32 E ✓ W feet from N / S Line Legal Description of Lease: Page 2 feet from E / W Line ☐ Enhanced Recovery Project Permit No.: County: Logan Entire Project: Yes No Number of Injection Wells _ Production Zone(s): Johnson Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No.: feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section Workover / Drilling Type of Pit: Settling Haul-Off Emergency Burn 34162 / Tracy A. Poole Past Operator's License No. Contact Person: _ Phone: 918-728-3020 New Gulf Operating, LLC Past Operator's Name & Address: 10441 S. Regal Blvd. Ste 210, Tulsa OK 74133 Date: Title: Vice President Signature: Mr. Charles W. Culbreath Contact Person: . New Operator's License No. KCC WICHITA New Operator's Name & Address: Charles W. Culbreath Phone: 918-749-3508 KCC WICHITA Culbreath Oil & Gas Company, Inc. Sunoco or Plains **JAN 0** 7 2015 Oil / Gas Purchaser: NOV 26 2014 1532 S. Peoria Ave. Tulsa OK 74120-6202 RECEIVED Title: 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. is acknowledged as _ 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 permitted by No.: ___

Authorized Signature

Date:

DISTRICT -

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

* Lease Name: Zerr				* Location:20/12/32W		
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)
		Circle FSL/FNL		<i>Circle</i> FEL/FWL		
		FSL/FNL		FEL/FWL		
3	15-109-21071-0000	1262 FSLEND	374	FEL/FWL	Oil	Prod
4	15-109-21106-0000	2310 FSLENL	497	FEDFWL	Oil	Prod
		FSL/FNL		FEL/FWL		
		FSL/FNL		_ FEL/FWL		-
		FSL/FNL		FEL/F W L		
	- 10	FSL/FNL		FEL/FWL		
		FSL/FNL		FEL/F W L		
		FSL/FNL		FEL/FWL		
		FSL/FNL		FEL/FWL		_
		FSL/FNL		FEL/FWL		
		FSL/FNL		_ FEL/FWL		
		FSL/FNL		FEL/FWL		
		FSL/FNL		_ FEL/FWL		
		FSL/FNL		FEL/FWL		
		FSL/FNL		FEL/FWL		
	KCC WICH	IITA FSL/FNL		_ FEL/FWL		
	NOV 2 6 201			FEL/FWL		
	RECEIVE			FEL/FWL	KCC W	ICUITA
				FEL/F W L	JAN 07	
					RECI	
				FEL/FWL	RECI	
				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.

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

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:	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 34162 Name: New Gulf Operating, LLC Address 1: 10441 S. Regal Blvd. Ste 210 Address 2: RECEIVED	Well Location:		
City: Tulsa State: OK Zip: 74133 + Contact Person: Madeline Taylor Phone: (918) 728-3020 Fax: (918) 728-3194 Email Address: mtaylor@newgulfresources.com	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: SW/SE/NE/NE, W2/SE/SE/NE		
KCC WICHITA Surface Owner Information: NOV 2 b 2014 Name: William & Luella Zerr Address 1: 2517 County Road 400 Address 2: City: City: Oakley State: KS Zip: 67748 +	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 the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on a Select one of the following:	batteries, 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	eated: 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 o 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 of 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			
I hereby certify that the statements made herein are true and correct to the 11/21/14 Date: Signature of Operator or Agent:	he best of my knowledge and belief. Staff Attorney Title:		