102814_Mitchell_INJ.pdf

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 ______ **
☐ Gas Lease: No. of Gas Wells ______ **
☐ Gas Gathering System: ______
☑ Saltwater Disposal Well - Permit No.: D-25986
Spot Location: 2695 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: ~~Kinsler West~~ Unnamed

***** Side Two Must Be Completed.***

Effective Date of Transfer: 10/28/2014
KS Dept of Revenue Lease No.: ~~1030572093~~ NA
Lease Name: Mitchell
__ - __ - __ - __ Sec. 34 Twp. 31 R. 41 ☐ E ☑ W
Legal Description of Lease: 2695' N, 4630' W from NW corner of SW SW NW 34-T31S-R41W
County: Morton
Production Zone(s): ______
Injection Zone(s): GloriettA

Surface Pit Permit No.: ______ (API No. if Drill Pit, WO or Haul)
______ feet from ☐ N / ☐ S Line of Section
______ feet from ☐ E / ☐ W Line of Section
Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OR ☐ Drilling

Past Operator's License No. 35078 ✓
Past Operator's Name & Address: BKEP Services LLC
10750 McClary Rd. / PO Box 1356, Dumas, TX. 79029
Title: Manager

Contact Person: Michael Reams
Phone: 806-934-5703
Date: 10/28/14
Signature: Michael Ream

KCC WICHITA
DEC 30 2014
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New Operator's License No. 34889 ✓
New Operator's Name & Address: Triple, LLC
PO Box 729, Ulysses, KS. 67880
Title: Member

Contact Person: Timothy Dieker
Phone: 620-353-3367
Oil / Gas Purchaser: ______
Date: 10/28/14
Signature: Timothy Dieker

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # ______ 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.

Triple LLC is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-25,986. Recommended action: NONE
Date: 1-7-15 Cheryl K Beyer
Authorized Signature

______ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: ______.
Date: ______
Authorized Signature

DISTRICT ______ ERB 1-6-15 PRODUCTION 1-12-15 UIC 1-7-15
Mail to: Past Operator 1-7-15 New Operator 1-7-15 District ① 1-7-15

KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513

Side Two

Must Be Filed For All Wells

KDOR Lease No.: ~~1030572093~~ NA

* Lease Name: Mitchell

* Location: T31S R41W, SEC 34 SW SW NW

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)
1-34	15-129-20713-0001 ✓	2695 Circle [✓ FSL]/FNL	4630 Circle [✓ FEL]/FWL	SWD	AI
		FSL/FNL	FEL/FWL		
		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		
		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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July 2014
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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** (Cathodic Protection Borehole Intent) ☒ **T-1** (Transfer) ☐ **CP-1** (Plugging Application)

OPERATOR: License # 34889
Name: Triple, LLC
Address 1: 240 S. Cheyenne Street
Address 2: PO Box 545
City: Ulysses State: KS Zip: 67880 + ____
Contact Person: Timothy Dieker
Phone: (620) 353-3367 Fax: (620) 356-1260
Email Address: chaoslan@pld.com

Well Location:
SW - SW - NW Sec. 34 Twp. 31 S. R. 41 ☐ East ☒ West
County: MORTON
Lease Name: MITCHELL Well #: 1-34

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

KCC WICHITA
DEC 30 2014
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Surface Owner Information:
Name: Carl & Frances Payne Family Trust
Address 1: 8C-01 Box 69
Address 2: ____
City: Richfield State: KS Zip: 67953 + ____

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: 10/28/14 Signature of Operator or Agent: Timothy Dieker Title: Member