## KANSAS CORPORATION COVVISSION OIL & GAS CONSERVATION DIVISION

Form I-1 JUNE 20014 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

	tted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 11-30-2014			
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 116158			
Gas Gathering System:				
Saltwater Disposal Well = Permit No.:	Loace Name Hamlin			
Spot Location:feet from N / S Line	E1/2 NE1/4_566_17_Twp178_R22			
feet from E / W Line	Legal Description of Lease: E 1/2 OF NE 1/4 SEC 17 TOWNSHIP 17E			
Enhanced Recovery Project Permit No.	RANGE 22E			
Entire Project: Yes No	County: MIAM!  Production Zone(s): SQUIRREL			
Number of Injection Wells				
Field Name: Paola-Rantoul	Injection Zone(s): N/A			
** Side Two Must Be Completed.				
Surface Dit Permit No.:	fast from N / S Line of Section			
rAPI No. II Dell Pel, WC er Hauff	feet fromE /W Line of Section			
Type of Pit: Emergency Burn Settling				
Past Operator's License No. 34042 Exp. 11/30/14	Contact Person Robert L. Smith  Phone: 913-594-1814  DEC TONSES TONS COMMUNICATION COM			
Past Operator's Name & Address: Robert L. Smith	Date: 913-594-1814 DEC 1 2014			
30710 Bethel Church rd., Paola, Ks. 66071	Date: 11-22-2014 CONSERVATOR 2014			
Title: Owner Operator	Date: 11-22-2014 CONSERVATION DIVISION SIGNATURE: T. Signature: Rober J. Signature: WICHITA, KS			
New Operator's License No. 34175 /	Contact Person: Leonard J Johnson			
New Operator's Name & Address: Leonard J Johnson	Phone: 913-294-9481			
35495 w 303rd st., Paola, Ks. 66071	A similar materials and a second of the original second of the second of			
	Oil / Gas Purchaser Pacer Energy			
	Date: 11-22-2014			
Title: Owner Operator	Signature James Johnson			
Acknowledgment of Transfer: The above request for transfer of injection a	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 a	ibave injection well(s) or pit parmit,			
is acknowledged as	is acknowledged as			
the new operator and may continue to inject fulds as authorized by	the new operator of the above named lease containing the surface pit			
Permit No.: Recommended action	permitted by No.:			
NOV. NOT GET CANA	permated by West			
Date:	Data:			
Authorized Signature	Date:			
DISTRICT 12-16-14	PRODUCTION DEC 1 7 2014 DEC 17 2014			
Waill to: Past Operator   New Operator				

#### Must Be Filed For All Wells

Lease Name	Hamlin		- Location _E	E1/2 of NE 1/4 Sec. 17 t	wshp 17S Range 22E
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Woll	Well Status (PROD/TA'D/Abandoned
9	/ <b>5-/21-0189</b> // Pre-67	500 Circle	1040 Circle	Oil	TA'D
1414	Market and the second s	FSL/FNL	FEL/FWL	***************************************	- Ranking
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			EEL/FW!	Coa.	DEC 0 1 2014 WICH'S TON DO
				9/0	SERVATION DIVISION WICHITA, KE
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	***************************************				
			ELVV		
		ESL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> When transferring a unit which consists of more than one lease blease 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: C-1 (Intent) CB-1 (C	athodic Protection Borehole Intent) X T-1 (T	ransfer) CP-1 (Plugging Application)		
OPERATOR: License # 34175	: Well Location:			
Name: Leonard J Johnson	E1/2_NE_1/4_Sec. 17_Twp. 17_S. R. 22 X East West			
Address 1: 35495 W 303rd St.	County: Miami			
Address 2:	Lease Name: Hamlin	Well #: 9		
City: Paola State: Ks Zip: 66071 + 4336	Hilling a Town Tit for mythick walls o	on a lease, enter the legal description of		
Contact Person: Leonard J Johnson	the lease below:	,		
Phone: ( 913 ) 294-9481 Fax: ( )				
Email Address: Inrdjohnson6@gmail.com				
Name: Na Leonard J Johnson  Address 1: 35495 W. 303rd.  Address 2:  City: Paola State: KS Zip: 6607/+	When filing a Ferm 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 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on	batteries, pipelines, and electrical line	es. The locations shown on the plat		
Select one of the following:				
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(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, an	cated: 1) a copy of the Form C-1. Fo eing filed is a Form C-1 or Form C3- d email address.	orm CB-1, Form T-1, or Form  1, the plat(s) required by this		
I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the KO	ner(s). To mitigate the additional cos of the surface owner by filling out the	et of the KCC performing this etop section of this form and		
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		ceived with this form, the KSONA-1		
I hereby certify that the statements made herein are true and correct to t	the best of my knowledge and belief.			
11-22-2014  Date: Signature of Operator or Agent:				
Date: Signature of Operator or Agent:	m f. Xnew Tile			