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:	i		
Oil Lease: No. of Oil Wells 4 - / ExpL/ **	Effective Date of Transfer: 12/02/2014		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 34383. 14 133039		
Gas Gathering System:	Lease Name: Rourk		
Saltwater Disposal Well - Permit No.:	se_ne_ne_ne_sec. 30 Twp. 24n R. 19 VE W		
Spot Location: feet from N / S Line			
feet from L E / W Line	Legal Description of Lease: <u>NE quarter of Section</u>		
Enhanced Recovery Project Permit No.:	30-24-19E		
Entire Project:Yes No	County: Allen		
Number of Injection Wells**	Production Zone(s): Squirrel		
Field Name:	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)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
34383 /			
Past Operator's License No. 34383 /	Contact Person: James Rickerson		
Past Operator's Name & Address: James Rickerson dba Ra	Phone: 620-363-4556		
212 Garfield, Iola, KS 66749	Date: 12/9/2014		
Title: Owner	Signature: Tawal Kukhuron		
	U		
New Operator's License No. 33970 /	Contact Person: Matt Kerr		
Now Operator's Name & Address, Kerr Oil, LLC	Phone: 620-365-0550		
1651 2000th St., Iola, KS 66749 KANSAS CORPORATION COMMISSION	Oil / Gas Purchaser: High Sierra		
DEC 2 9 2014	Date: 12/9/2014		
Title: Owner/operator CONSERVATION DIVISION	Signature: Math Runs		
WICHITA, KS	Signature.		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the a	ubove 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		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
DISTRICT EPR New Operator New Operator	PRODUCTION District		
With to. 1 ast Operator New Operato	District		

Side Two

Must Be Filed For All Wells

* Lease Name:	No.: 34383				
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	Circle FEL/FWL		
2	15-001-30138-00-00	165 FSLFND	495 FED/FWL	oil	producing
3	15-001-30139-00-00	165 FSIJEND	165 FED FWL	oil	producing
5	15-001-30388-00-00	1280 FSL/FNL	710 (FE) FWL	oil	producing
		FSL/FNL	FEL/FWL		<u> </u>
***************************************		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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	CORPORATION COMMIS	SION FSL/FNL	FEL/FWL		
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		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.

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 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
34383			
OPERATOR: License # 34383 Name: James Rickerson dba Randi Oil, Co	_ Well Location:		
Address 1: 620 Garfield	Se ne ne ne Sec. 30 Twp. 24 S. R. 19 X East West		
	County: Allen		
Address 2:	Lease Name: Rourk Well #:		
City: Iola State: KS Zip: 66749 +			
Contact Person: Jim Rickerson Phone: (620) 363-4556 Fax: ()	⊥ ∦NE quarter of section 30, 24s, 19east		
Phone: (020) 303-4556 Fax: ()	-		
Email Address:	_		
Received KANSAS CORPORATION COMMISSION			
Surface Owner Information: DEC 2 9 2014			
Address 1: 2000 Road CONSERVATION DIVISION WICHITA, KS	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 2:	- sound, and in the roal counterproperty and records of the county treasurer.		
the KCC with a plat showing the predicted locations of lease roads, ta	hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat on 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	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m 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	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ass of the surface owner by filling out the top section of this form and e KCC, 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 CB-1, For	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-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: Signature of Operator or Agent:	Owner/Operator Title:		