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:	ed win inis iorm.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 12/09/2014			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 101893 Lease Name: McCraner D			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	2 -25 - 03 - N2N Sec. 02 Twp. 25 R. 03 VE W			
feet from E / W Line	Legal Description of Lease: N2 NE4			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Butler Production Zone(s): Mississippi			
Number of Injection Wells**				
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 & Drilling			
Past Operator's License No. 33058	Contact Person: David Davis			
Past Operator's Name & Address: David D Davis	316. 323.0003			
319 E Broadway, Augusta, KS 67010	Phone: 316-323-0093 Date: 12/12/14			
Title: Operator	Signature: AND When T			
24500				
New Operator's License No. 31538	Contact Person: Steve Burkholder			
New Operator's Name & Address: Steve Burkholder Received	Phone: 316-799-2210 KCC WICH:			
15951 E. 101st Street N, Benton KS 6701 (KANSAS CORPORATION COMMISSION	Oil / Gas Purchaser: McClaskey JAN 0 5 201:			
DEC 1 8 2014	Date: 12- 10- 2014 RECEIVED			
Title: Owner/Operator CONSERVATION DIVISION	Signature: 2t A			
WICHITA, KS	Signature.			
Acknowledgment of Transfer: The above request for transfer of injection a	uthorization, surface pit permit # has been			
noted, approved and duly recorded in the records of the Kansas Corporation C	commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the all	bove 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 7 7015			
i e e e e e e e e e e e e e e e e e e e	RODUCTION J.			
Mail to: Past Operator New Operator	District			

Must Be Filed For All Wells

KDOR Lease	No.: 175	101893			
* Lease Name:	McCraner D		* Location: 0	2-25-03-N2NE4	
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
1	15-015-01250	4620 FSL 650 FSLVFNL 42	22 Circle FEUFWL	Oil	Producing
***		FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
Alexander (Barrella and Barrella		FSL/FNL			
		FSL/FNL	FEL/FWL		
···		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
·	-	FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	Receiv KANSAS CORPORATIO	red ON COMMISSION FSL/FNL	FEL/FWL		
	DEC 18	2014FSL/FNL	FEL/FWL		
	CONSERVATION		FEL/FWL		white the same of
		FSL/FNL	FEL/FWL	KCCW	/ICH::-
		FSL/FNL	FEL/FWL	JAN O	5 2015
		FSL/FNL	FEL/FWL	RECE	IVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
41		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) T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 33058	Well Location:			
Name: David D. Davis				
Address 1: 3/9 E Braducx				
Address 2:	Lease Name: McCianer D Well #:			
City: Augusta State: K5 Zip: 6/010 +				
Contact Person: David D. Davis	the lease below:			
Phone: (316) 327-00 ?3 Fax: ()				
Email Address: lettucefished not mail, com	WICHITA			
	0 5 2015			
Name: Sames Pearce DE	CEIVED when filing a Form T-1 involving multiple surface owners, attach an additional surface owner. Surface			
Address 1: 122.33 NW 60+h				
Address 2:	county, and in the real estate property tax records of the county treasurer.			
City: Potuin State: 15.5 Zip: 67/23+	- 			
the KCC with a plat showing the predicted locations of lease roa	(Cathodic Protection Borehole Intent), you must supply the surface owners and ads, tank batteries, pipelines, and electrical lines. The locations shown on the plat ntered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number. I have not provided this information to the surface owner KCC will be required to send this information to the surface.	r(s). I acknowledge that, because I have not provided this information, the rface owner(s). To mitigate the additional cost of the KCC performing this address 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 has form and the associated Form C-1, Form CB-1, Form T-1, or Fo.	andling fee with this form. If the fee is not received with this form, the KSONA-1 rm CP-1 will be returned.			
I hereby certify that the statements made herein are true and co	prrect to the best of my knowledge and belief.			
Date: 12 27 2014 Signature of Operator or Agent:	In Rillie Operator			