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.

Check Applicable Boxes: MUST be submitted with this form.				
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 12/12/2014			
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: 227541 Lease Name: Schweer			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:	NW - NW - NE Sec. 35 Twp. 23 R. 33 E / W			
Spot Location: feet from N / S Line	· to and to the second			
feet from E / W Line	Legal Description of Lease: NE/4 Sec. 35-23-33W			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Finney			
Number of Injection Wells**	Production Zone(s): Chase Injection Zone(s):			
Field Name: Hugoton Gas Area				
** Side Two Must Be Completed.				
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover O Drilling			
Past Operator's License No. 32390 Exp. ///3 0/13	Contact Person: Jim Fuller			
	Phone: 903-271-5175			
Past Operator's Name & Address: High Plains Production, LLC	Phone: 300 27 1 0 17 0 Date: 12/09/2014			
2203 Riva Row # 1404 The Woodlands, TX 77380 Jim Fuller	Date: 12/3/10 17			
Title: Operator/ Manager	Signature Janua R July			
	Received KANSAS CORPORATION COMMISSION			
New Operator's License No. 35161 ✓	Contact Person: Jim Fuller JAN 1 3 2015			
New Operator's Name & Address: High Plains Production, LLC	Phone: 303-271-3173			
2203 Riva Row # 1404 The Woodlands, TX 77380	Oil / Gas Purchaser: High Plains Production, LLC CONSERVATION DIVISION WICHITA, KS			
Jim Fuller	Date: 12/09/P014			
Title: Operator/ Manager	Signature: Janu R. Full			
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				
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			
Bio Tille 1	PRODUCTION JAN 1 5 2015 UIJAN 15 2015			
Mail to: Past Operator New Operator	or District			

Side Two

Must Be Filed For All Wells

* Lease Name: Schweer			* Location: T23S R33W Sec. 35			
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	
1-35	15-055-21913	167Circle	2559 Circle	GAS	PROD	
		FSL/FNL	FEL/FWL	···		
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 a construction des des la construction de décide d'action de la construction de la construction		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
			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 (Ca	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35161	Well Location:		
Name: High Plains Production, LLC	NW_NW_NE_Sec. 35 Twp. 23 S. R. 33 East X West		
Address 1: 2203 Riva Row #1404	County: Finney		
Address 2:	Lease Name: Schweer Well #: 1-35		
City: The Woodlands State: TX Zip: 77380 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:		
Contact Person: Jim Fuller			
Phone: (903) 271-5175 Fax: ()			
Email Address: Received KANSAS CORPORATION COMMISSIO	ON		
JAN 1 3 2015 Surface Owner Information: Name: Arnold C. and Clara Faye Schweer			
Address 1: 4575 N VFW Rd	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: Garden City State: KS Zip: 67846 + 7007			
the KCC with a plat showing the predicted locations of lease roads, tank to are preliminary non-binding estimates. The locations may be entered on a Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select the of the following.			
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	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form sing 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 of 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to the			
12/12/2014 Date: Signature of Operator or Agent Aurus 1	Operator/Manager Title:		