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: December 22, 2014			
Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 1-33221 MA Lease Name: McCoy Unit 2-34			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	NW - Sec. 34 Twp.29S R.8W E ₩ W Legal Description of Lease: SE/4 NW/4 34-29S-8W			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Kingman			
Number of Injection Wells **	Production Zone(s): Mississippi			
Field Name: ** Side Two Must Be Completed.	Injection Zone(s): N / A			
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section			
y a v a s s a a a a a a a a a a a a a a a	feet from E / W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover OF Drilling Received			
Past Operator's License No. 34074 ✓	Contact Person: Kenneth B. Evans			
Past Operator's Name & Address: Kenneth B. Evans	Phone: 316-796-0042 DEC 3 1 2014			
3885 SW 110th St. Spivey, KS 5714	CONORT			
Title: Owner	Signature: Kernell B wars			
New Operator's License No. 03067	Contact Person: Wark Molitor			
New Operator's Name & Address: \molifor Oil.	Inc. Phone: 620-243-3543 KCC WICHIT.			
	Oil / Gas Purchaser: JAN 0 8 2015			
9517 S.W. 80 Ave Spivey, Ks. Title: President - Owner	6714 pate: 12-29-2014 Signature: Janet Molitor RECEIVED			
Acknowledgment of Transfer: The above request for transfer of inject	tion authorization, surface pit permit # has been			
	tion Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in				
is acknowledged a	as is acknowledged as			
the new operator and may continue to inject fluids as authorized b	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 / 8 // S Mail to: Past Operator New Ope	PRODUCTION 1. 9 15 UIOJAN - 9 ZUIJ erator District			

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Must Be Filed For All Wells

KDOR Lease No.: 1-33221

*Lease Name: McCoy Unit 2-34

* Location:

2°\ SE/4 NW/4 34-39S-8W King Co.

				Location.	DD/T MW/T	34 389 OW KING
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Li (i.e. FSL = Feet from South		Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2-34	15-095-10040	2310	Circle FSL FNL	1980 Well In 330 FEL FWL	Wentory Gas	Residential
			FSL/FNL	FEL/FWL		
			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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		İ	FSL/FNL	FEL/FWL		
		İ	FSL/FNL	FEL/FWL	KCC	WICHITA
		ı	FSL/FNL	FEL/FWL	JAN	0 8 2015
		F	SL/FNL	FEL/FWL	REC	CEIVED
		F	SL/FNL	FEL/FWL		
		F	SL/FNL	FEL/FWL	Received KANSAS CORPORATION C	OMMISSION
		F	SL/FNL	FEL/FWL	DEC 3 1 2	
		F	SL/FNL	FEL/FWL	CONSERVATION DIV WICHITA, KS	
		F	SL/FNL	FEL/FWL		
		F	SL/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	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 03067 Name: MOI TOR OIL INC, Address 1: 4517 S.W. 80 Ave Address 2: City: Spivey State: KS, Zip: 67142+ Contact Person: Mark Molitor Phone: (620) 243-3543 Fax: () Email Address: janet - Molitor Oyahoo Com	Well Location:
Surface Owner Information: Name:	TWhen 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 the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the Select one of the following:	atteries, pipelines, and electrical lines. The locations shown on the plat
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 local CP-1 that I am filing in connection with this form; 2) if the form bein form; and 3) my operator name, address, phone number, fax, and 6	ted: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ng 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 acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KCC	r(s). To mitigate the additional cost of the KCC performing this the surface owner by filling out the top section of this form and
f choosing the second option, submit payment of the \$30.00 handling fee orm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 wi	with this form. If the fee is not received with this form, the KSONA-1 be returned.
hereby certify that the statements made herein are true and correct to the ate: 1-7-15 Signature of Operator or Agent: James Y	