

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:

- ☒ Oil Lease: No. of Oil Wells 23 **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: _____ feet from ☐ N / ☐ S Line
_____ feet from ☐ E / ☐ W Line
- ☒ Enhanced Recovery Project Permit No.: E - 26,555
- Entire Project: ☒ Yes ☐ No
- Number of Injection Wells 6 **

Field Name: Paola - Rantoul

**** Side Two Must Be Completed.**

Effective Date of Transfer: 1/1/15

KS Dept of Revenue Lease No.: 114583

Lease Name: O'Brien

_____ SE Sec. 1 Twp. 18S R. 21 ☒ E ☐ W

Legal Description of Lease: The South 100 acres of the SE/4 of
Section 1, Township 18 South, Range 21 East

County: Miami

Production Zone(s): Squirrel

Injection Zone(s): Squirrel

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

_____ feet from ☐ N / ☐ S Line of Section

_____ feet from ☐ E / ☐ W Line of Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OF ☐ Drilling

Past Operator's License No. 34350 /

Contact Person: Douglas G. Evans

Past Operator's Name & Address: Altavista Energy, Inc.

Phone: 785-883-4057

PO Box 128, Wellsville, KS 66092

Date: 12/30/14

Title: President

Signature: [Signature]

KCC WICHITA

JAN 07 2015

RECEIVED

New Operator's License No. 32619 /

Contact Person: John Loyd

New Operator's Name & Address: Excel Oil & Gas, L.L.C.

Phone: 913-208-9555

PO Box 68

Oil / Gas Purchaser: Coffeyville Resources

Bucyrus, KS 66013

Date: 12/30/14

Title: Member

Signature: [Signature]

Acknowledgment of Transfer: The above request for transfer of injection 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 above injection well(s) or pit permit.

Excel Oil + Gas LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-26,555 . Recommended action: NONE

Date: 1-14-15 Cheryl L. Berger
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____
Authorized Signature

DISTRICT _____ BPR 1-13-15 PRODUCTION JAN 23 2015 UIC 1-14-15
Mail to: Past Operator 1-14-15 New Operator 1-14-15 District 3 1-14-15

Must Be Filed For All Wells

KDOR Lease No.: 114583

* Lease Name: OBrien

* Location: SOUTH 100 ACRES OF SE/4 OF 1-18S-21E

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)
1	15-121-21969-0000 ✓	1140* FSL	Circle FNL 165 FEL	FWL OIL	PROD
2	15-121-20757-0000 ✓	1160 FSL	FNL 480 FEL	FWL OIL	PROD
3	15-121-20756-0000 ✓	1160 FSL	FNL 810 FEL	FWL OIL	PROD
4	15-121-21647-0000 ✓	1160 FSL	FNL 1140 FEL	FWL OIL	PROD
5	15-121-21648-0000 ✓	1160 FSL	FNL 1470 FEL	FWL OIL	PROD
9	15-121-27280-0000 ✓	825 FSL	FNL 165 FEL	FWL OIL	PROD
10	15-121-25361-0000 ✓	830 FSL	FNL 495 FEL	FWL OIL	PROD
11	15-121-25390-0000 ✓	825 FSL	FNL 775 FEL	FWL OIL	PROD
12	15-121-21650-0000 ✓	830 FSL	FNL 1140 FEL	FWL OIL	PROD
13	15-121-23533-0000 ✓	830 FSL	FNL 1470 FEL	FWL OIL	PROD
18	15-121-25329-0000 ✓	495 FSL	FNL 495 FEL	FWL OIL	PROD
19	15-121-25330-0000 ✓	495 FSL	FNL 825 FEL	FWL OIL	PROD
20	15-121-25353-0000 ✓	495 FSL	FNL 1155 FEL	FWL OIL	PROD
26	15-121-21651-0000 ✓	1155 FSL	FNL 2130 FEL	FWL OIL	PROD
28	15-121-23369-0000 ✓	165 FSL	FNL 165 FEL	FWL OIL	PROD
29	15-121-23370-0000 ✓	165 FSL	FNL 495 FEL	FWL OIL	PROD
30	15-121-23587-0000 ✓	165 FSL	FNL 825 FEL	FWL OIL	PROD
31	15-121-23630-0000 ✓	165 FSL	FNL 1155 FEL	FWL OIL	PROD
32	15-121-27010-0000 ✓	1650 FSL	FNL 1235 FEL	FWL OIL	PROD
33	15-121-27011-0000 ✓	1650 FSL	FNL 1505* FEL	FWL OIL	PROD
34	15-121-27012-0000 ✓	1650* FSL	FNL 165* FEL	FWL OIL	PROD
36	15-121-27045-0000 ✓	1650 FSL	FNL 635 FEL	FWL OIL	PROD
37	15-121-27046-0000 ✓	1650 FSL	FNL 935 FEL	FWL OIL	PROD
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

* = Footage updated from field GPS data

* 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.

JAN 07 2015

RECEIVED

MCC WICHITA

* Location: SOUTH 100 ACRES OF SE/4 OF 1-18S-21E

RECEIVED

* 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
**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

*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 # 34350
Name: Altavista Energy, Inc.
Address 1: PO Box 128
Address 2: _____
City: Wellsville State: KS Zip: 66092 + _____
Contact Person: Phil Frick
Phone: (785) 883-4057 Fax: (_____) _____
Email Address: _____

Well Location:
_____ - _____ - SE Sec. 1 Twp. 18 S. R. 21 ☒ East ☐ West
County: Miami
Lease Name: O'Brien Well #: (All)

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

**The South 100 acres of the Southeast Quarter of
1-18S-21E**

KCC WICHITA

JAN 07 2015

Surface Owner Information:

Name: Carolee OBrien; Debbie McQuary, AIF
Address 1: 1545 Brown Ave
Address 2: Apt 22
City: Osawatomie State: KS Zip: 66064 + _____

RECEIVED

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.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.

☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-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: 12/30/14 Signature of Operator or Agent:  Title: President