KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1

March 2010

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,
KENSAS CORPORATION COMMISSION.

KANSAS CORPORATION COMMISSION. Check Applicable Boxes: Effective Date of Transfer: Oil Lease: No. of Oil Wells . 2 6 2014 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 218151 CONSERVATION DIVISION Gas Gathering System: Lease Name: CAMPBELL Saltwater Disposal Well - Permit No.: _NE _ SE _ SW Sec. 17 Twp. 25 R. 35 feet from N / Legal Description of Lease: NE-NE-SE-SW of Sec.17 - Twp.25 - R.35W feet from Enhanced Recovery Project Permit No.: County: Kearny Entire Project: Yes No Number of Injection Wells Hugoton Gas Injection Zone(s): ** Side Two Must Be Completed. S Line of Section Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) feet from W Line of Section Haul-Off Settlina Burn Type of Pit: Emergency Genea Holloway Contact Person: Past Operator's License No. Phone: 918-295-1658 Key Production Company Past Operator's Name & Address: 202 S. Cheyenne Ave., Suite 1000, Tulsa, OK. 74103 Production Administration Supervisor 34997 Greg R. Casillas Contact Person: New Operator's License No. KCC WICHITA Casillas Petroleum Corp. New Operator's Name & Address: FEB 0 2 2015 401 S. Boston Ave., Suite 2400 Received Tulsa, OK. 74103 President/CEO CONSERVATION DIVISION Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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. is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: __ _ . Recommended action: Authorized Signature Authorized Signature DISTRICT -**New Operator** Mail to: Past Operator

Side Two

Must Be Filed For All Wells

KDOR Lease	_{e No.:} 218151				
Lease Name	CAMPBELL		* Location:N	IE-NE-SE-SW of Sec.1	7 - Twp.25 - R.35W
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)
1-2	15-093-21198-0000	1250 FSL FNL	2760 FEL FWL	Gas	PROD
		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
1.70		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KCC WIC	HITA
		FSL/FNL	FEL/FWL	FEB 0 2	20 15
		FSL/FNL	FEL/FWL	RECEI	VED
	Received	_{ON} FSL/FNL	FEL/FWL		
	SEP 2 6 2014	FSL/FNL	FEL/FWL		
	CONSERVATION DIVISION WICHITA, KS	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KANSAS CORPO	CEIVED RATION COMMISSION
		FSL/FNL	FEL/FWL	SEP	1 1 2014
			FEL/FWL	CONSERVA WICH	TION DIVISION IITA, KS
		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
January 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 # 32621 Name: Key Production Company Inc. Address 1: 202 S. Cheyenne Ave. Address 2: Suire 1000 City: Tulsa Contact Person: Genea Holloway Phone: (918) 295-1658 Email Address: gholloway@cimarex.com SEP 2 6 2014 CONSERVATION DIVISION WICHITA, KS CONSERVATION DIVISION WICHITA, KS Fax: (918) 512-4120 Email Address: gholloway@cimarex.com	Well Location: NE_NE_SE_SW_Sec. 17 Twp. 25 S. R. 35 East west County: Kearny Lease Name: CAMPBELL Well #: 1-2 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Surface Owner Information: Name: HAROLD DOUGLASS Address 1: PO BOX 947 Address 2: City: BONNERS FERRY State: ID Zip: 83805 + 0947	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 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:	patteries, 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 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 ing 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 o 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 f 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 fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	
I hereby certify that the statements made herein are true and correct to the Date: Children Signature of Operator or Agents Children	ne best of my knowledge and belief. Production Administration Supervisor Title:

Received KANSAS CORPORATION COMMISSION