KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-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, KANSAS CORPORATION STANSAS MINISTRACTION OF THE SECOND STANSAS CORPORATION OF THE SECO Check Applicable Boxes: Oil Lease: No. of Oil Wells 08/01/2014 Effective Date of Transfer: 2 6 2014 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 200662 CONSERVATION DIVISION Gas Gathering System: WICHITA, KS Lease Name: CITIZENS BUILDING & LOAN Saltwater Disposal Well - Permit No.: NE - NE - SW Sec. 35 Twp. 26 R. 35 EVW feet from N / S Line Legal Description of Lease: NE-NE-SW of Sec.35- Twp.26 - R.35W feet from Enhanced Recovery Project Permit No.: County: Kearny Entire Project: Yes No Number of Injection Wells Production Zone(s) Injection Zone(s): ** Side Two Must Be Completed Surface Pit Permit No.: _ feet from S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Settling Haul-Off Workover Drilling Genea Holloway Contact Person: Phone: 918-295-1658 **Key Production Company** Past Operator's Name & Address: 202 S. Cheyenne Ave., Suite 1000, Tulsa, OK. 74103 Title: Production Administration Supervisor Contact Person: Greg R. Casillas New Operator's License No. New Operator's Name & Address: Casillas Petroleum Corp. Received Phone: 918-582-5310 Received 401 S. Boston Ave., Suite 2400 KANSAS CORPORATION COMMISSION NCRA Oil / Gas Purchaser: Tulsa, OK. 74103 CONSERVATION DIVISION President/CEO MICHITA KS Title: CONSERVATION DIVISION WICHITA, KS 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 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: Authorized Signature Authorized Signature DISTRICT -PRODUCTION Mail to: Past Operator **New Operator** District

Side Two

Must Be Filed For All Wells

* Lease Name:	CITIZENS BUILDING & LOA	N	* Location:_N	E-NE-SW of Sec.35-	Twp.26 - R.35W
Well No.			Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
7	15-093-00496-0000	2310 FSL FNL	2310 Circle	Gas	PROD
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	CONSERVATION DIVISION WICHITA, KS	FSL/FNL	FEL/FWL		CONSERVATION DIVISION
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		FSL/FNL	FEL/FWL	SFP	1 1 2014
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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 KANSAS CORPORATION COMMISSION Name: Key Production Company, Inc SEP 2 6 2014	Well Location: NENESW_Sec35Twp26S. R35 East ▼ West		
Address 1: 202 S. Cheyenne Ave. Address 2: Suite 1000 CONSERVATION DIVISION WICHITA, KS	County: Kearny Lease Name: CITIZENS BUILDING & LOAN Well #: 7 If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
City: Tulsa State: OK. Zip: 74103 +			
	the lease below:		
Contact Person: Genea Holloway Phone: (918) 295-1658 Fax: (918) 512-4120 Email Address: gholloway@cimarex.com			
Email Address: gholloway@cimarex.com Reveived Reveived Reveived Reveived Reveived Surface Owner Information: Reveived Reveived			
FLR D L			
Name: PHILLIP MEYER Address 1: 2201 W 31ST ST S Address 2: CONSERVATION DAYSON CONSERVATION DAYSON	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.		
Address 2:			
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 loca CP-1 that I am filing in connection with this form; 2) if the form bei 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 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.	er(s). To mitigate the additional cost of the KCC performing this 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 fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 w	e 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			
Date: 9 19 8014 Signature of Operator or Agent: Sleve	Production Administration Supervisor		

Received KANSAS CORPORATION COMMISSION