

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**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 _____ **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ Gas Gathering System: _____
- ☒ Saltwater Disposal Well - Permit No.: D22, 043

Spot Location: 330' feet from ☐ N / ☒ S Line
330' feet from ☐ E / ☒ W Line

☐ Enhanced Recovery Project Permit No.: _____

Entire Project: ☐ Yes ☐ No

Number of Injection Wells _____ **

Field Name: Otis-Albert

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

Effective Date of Transfer: 4/7/14 12/12/14

KS Dept of Revenue Lease No.: NA

Lease Name: Weaver 1-3 SWDW

C. SW. SW. SW. Sec. 3 Twp. 19 R. 15 ☐ E ☒ W

Legal Description of Lease: _____

The SW/4 of the SW/4 of the SW/4

County: Barton

Production Zone(s): _____

Injection Zone(s): Towanda/Ft Riley 1958'-2068'

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 ☒ Drilling

Past Operator's License No. 32447/

Past Operator's Name & Address: Joel Associates, Inc
1999 N. Amidon, Suite 325; Wichita, KS 67203

Title: Vice President

Contact Person: Len Marotte

Phone: 316-265-2555

Date: 4/7/14

Signature: Len Marotte

New Operator's License No. 35166/

New Operator's Name & Address: JPKCS LLC
P. O. Box 161033; Wichita, KS 67216

Title: Managing Member

Contact Person: Joy P. Chaney

Phone: 316-312-0032

Oil / Gas Purchaser: IACX

Date: 4/7/14

Signature: Joy P. Chaney

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.

JPKCS LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: D-22,043 Recommended action: None

Date: 1-29-15 Cheryl H. Bayer
Authorized Signature

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

Date: _____ Authorized Signature

DISTRICT _____

Mail to: Past Operator _____

EPR

1-29-15

PRODUCTION

New Operator

FEB 03 2015

1-29-15

UIC

1-29-15

District

(4)

1-29-15

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 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 32447
Name: Joel Associates, Inc.
Address 1: 1999 N Amidon, Suite 325
Address 2: _____
City: Wichita State: KS Zip: 67203 + _____
Contact Person: Len Marotte
Phone: (316) 265-2555 Fax: (316) 265-2589
Email Address: lenmarotte@cox.net

Well Location:
C SW SW SW Sec. 3 Twp. 19 S. R. 15 ☐ East ☒ West
County: Barton
Lease Name: Weaver SWDW Well #: 1-3 D22043

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

KCC WICHITA
JAN 27 2015

Surface Owner Information:

Name: Grace and David Weaver
Address 1: Rt. 1
Address 2: _____
City: Milford State: KS Zip: 66514 + _____

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: 4/7/14 Signature of Operator or Agent: Len Marotte Title: V.P.