KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

020115_Traci_1.pdf

1.pdf July 2014 Form must be Typed

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: MUST be subm	itted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: February 1, 2015
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:142263
Gas Gathering System:	Lease Name: Traci#1
Saltwater Disposal Well - Permit No.:	
Spot Location: 990 feet from N / ✓ S Line	<u>SE</u> Sec. <u>15</u> Twp. <u>34S</u> R. <u>3E</u> W
750 feet from ✓ E / _ W Line	Legal Description of Lease: SE/4 SECTION 15-T34S-R3E
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: COWLEY
Number of Injection Wells **	
Field Name: HARVEY	Production Zone(s): CLEVELAND
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: Haul	990
(API No. if Drill Pit, WO or Haul)	feet from N / V S Line of Section
	feet from ✓ E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover ⊖R ✓ Drilling
Past Operator's License No. 34461 V	Contact Person: BOB WOODSIDE
Past Operator's Name & Address: CRECO Operating, LLC	Phone: 405-606-7481
211 N. Robinson, Suite 200, Oklahoma City, OK 73012	
	Date: 11/19/2014
Title: Vice-President-Land	Signature:
New Operator's License No. 56/0	Contact Person: Levi Koehn
New Operator's Name & Address: Bruce Oil Company, LLC	Phone: 620 245 4984
1704 Limestone Rd., McPherson, Kansas 67460	01111
Trof Linestone Na., Wich Helson, Nailsas 07400	KANSAS CORPORATION COMMISSIO
	Date: 3-2-15 MAR 0 4 2015
Title: Prod. Manager-Supt	Signature: Alw Holla
	CONSERVATION DIVISION WICHITA, KS
Acknowledgment of Transfer: The above request for transfer of injection	Hend
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	·
	- adote injustion tresito) of pit porting
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.:
	portinited by 110
Date:	Data:
Date:	Date: Authorized Signature
DISTRICT EPR3-5-/5	PRODUCTION 3.6.15 UIC 3-6-5
Mail to: Past Operator New Opera	

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 142263				
* Lease Name:Traci#1		Location: 2	2 NWSESE	SECTION 28-34S-R03E
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 /5-035-24441-00-00/	990 Circle FSD/FNL	750 Circle	OIL	PROD
	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		····
	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL	KANS/	Received as corporation commission
	FSL/FNL	FEL/FWL		MAR 0 4 2015
	FSL/FNL	FEL/FWL	C	ONSERVATION DIVISION WICHITA, KS
	FSL/FNL	FEL/FWL		
		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	thodic Protection Borehole Intent)
OPERATOR: License # 5610 Name: Bruce Oil Co, UC Address 1: 1704 Limestone Rd. Address 2: City: MCPherson State: KS Zip: 67460 + 6500	Well Location: E/2 NWSESE Sec. /5 Twp.345 s. R. 3E Fast West County: COW Ley Lease Name: Traci # 1 Well #: If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Levi Koelun Phone: (620) 245 4984 Fax: (620) 241 2947 Email Address: Druceoil & KS-usa. Net Received KINEAS CORPORATION CO.	the lease below:
Surface Owner Information:	DIVISION 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 following:	patteries, pipelines, and electrical lines. The locations shown on the plat
Select one of the following: 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 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee 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: 03/02/15 Signature of Operator or Agent: Lew K	ne best of my knowledge and belief. Title: PROUTION SUPERINTENDE