

**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 1 **
☐ 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.: _____
Entire Project: ☐ Yes ☐ No
Number of Injection Wells 0 **

Field Name: Spivey-Grabs-Basil

Effective Date of Transfer: January 1, 2015
KS Dept of Revenue Lease No.: Oil: 134146 Gas: 221638 ✓
Lease Name: CULVER #5-9
_____ - SE - SW - SE Sec. 9 Twp. 31s R 8 ☐ E ☒ W
Legal Description of Lease: SE/4, Sec 9-31s-8w
County: Harper
Production Zone(s): Mississippian
Injection Zone(s): _____

*** Side Two Must Be Completed ***

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

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

Past Operator's License No. 5003 /
Past Operators Name & Address: McCoy Petroleum Corporation
9342 E. Central, Wichita, KS 67206-2573
Title: Vice President - Production

_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section
Contact Person: Scott Hampel
Phone: 316-636-2737
Date: 2/19/15
Signature: Scott Hampel

KCC WICHITA

MAR 16 2015

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New Operators License No. 34469 /
New Operator's Name & Address: Twin M, Inc.
491 NW 70th Avenue
Kingman, KS 67958
Title: Secretary/Treasurer

Contact Person: Shad Milford
Phone: 620-532-3664
Oil / Gas Purchaser: MVPurchasing / West Wichita Gas Gath.
Date: March 11, 2015
Signature: Shad Milford

Acknowledgment of Transfer. The above request for transfer of injection authorization, surface pit permit # NA 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.

_____ is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: _____ Recommended action: _____
Date: _____
Authorized Signature

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

DISTRICT _____ EPR 3-18-15 PRODUCTION 3-19-15 **MAR 19 2015**
Mail to: Past Operator _____ New Operator _____ District _____

Oil:134146

Gas: 221638

CULVER #5-9

SE/4, Sec 9-31s-8w

Well Status
(PROD/TA'D/Abandoned)

#1-9	15-077-21321-0000 ✓	330	Check		1650	Check		Oil & Gas	Producing
			☒ FSL ☐ FNL	☐ FEL ☒ FWL		☐ FSL ☐ FNL	☐ FEL ☐ FWL		
			☐ FSL ☐ FNL	☐ FEL ☐ FWL		☐ FSL ☐ FNL	☐ FEL ☐ FWL		
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			☐ FSL ☐ FNL	☐ FEL ☐ FWL		☐ 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

July 2010

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 # 5003

Name: McCoy Petroleum Corporation

Address 1: 9342 E. Central,

Address 2: _____

City: Wichita State: KS Zip: 67206 + 2 5 7 3

Contact Person: Scott Hampel

Phone: (316) 636-2737 Fax: (316) 636-2741

Email Address: scott@mccoypetroleum.com

Well Location: SE/4, Sec 9-31s-8w

SE SW SE Sec. 9 Twp. 31s S. R. 8 ☐ East ☒ West

County: Harper

Lease Name: CULVER #5-9 Well #: #5-9

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

KCC WICHITA

MAR 16 2015

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Surface Owner Information:

Name: Bobby & Linda Culver

Address 1: 645 NW 140 Road

Address 2: _____

City: Harper State: KS Zip: 67058 + 8 5 0 3

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 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: 2/19/15 Signature of Operator or Agent: Scott Hampel Title: Vice President - Production