KANSAS CORPORATION COMMISSION 030115_Alexander.pdf OIL & GAS CONSERVATION DIVISION Form II

July 2014 Form must be Typed Form must be Signed All blanks must be Filled

Form T-1

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,

3/1/2015 No.:		
No.:100205 No.:100205 No.:19		
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WICHITA, KS		
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ove named lease containing the surface pit		
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Authorized Signature		
Authorized Signature		
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Side Two

Must Be Filed For All Wells

	No.: 100205		Location:	IE4 NE4 Sec 19-32-1	3E
Lease Name:	VIOVOLINGI		Location:		
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	15-019-19840 /	4120 FSI FNL	656 FELFWL	oil	prod
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		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 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 (Cat	thodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🗆 CP-1 (Plugging Application)		
OPERATOR: License # 32933	Well Location:		
Name: Todd Miller dba Speedy Well Service	Sec. 19 Twp. 32 S. R. 13 X East West		
Address 1: 402 W. Elm St	County: Chautauqua		
Address 2:	Lease Name: Alexander Well #:		
City: Sedan State: KS Zip: 67361 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: NF4 NF4 Sec 19-32S-13F		
Contact Person: Todd Miller			
000 707 0004			
Phone: (620) 725-3631 Fax: () Received Received KANSAS CORPORATION COMMISSION			
KANSAS CORPORATION COM			
Surface Owner Information: Name: Robert Y Alexander CONSERVATION DIVISION Address 1: 2105 S. Bluff Ct Address 2: City: Wichita State: KS Zip: 67218 + 4924	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:	atteries, pipelines, and electrical lines. The locations shown on the plat he Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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 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 owner task, I acknowledge that I must provide the name and address of 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 fer form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v			
I hereby certify that the statements made herein are true and correct to the	ne best of my knowledge and belief.		
4/15/2015	n no operator		
Date: Signature of Operator or Agent:	C / (cll _ Title:		