

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:

- Oil Lease: No. of Oil Wells 0 \*\*
- 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.: E 24912
- Entire Project:  Yes  No
- Number of Injection Wells 1 \*\*

Field Name: Savonburg

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

Effective Date of Transfer: 3/4/2015

KS Dept of Revenue Lease No.: ~~115098~~ NA

Lease Name: WILSON

\_\_\_\_\_ SW - SW - NW Sec. 25 Twp. 26 R. 21  E  W

Legal Description of Lease: South Half of Northwest Quarter of  
Section 25 Township 26 Range 21E

County: Bourbon

Production Zone(s): \_\_\_\_\_

Injection Zone(s): \_\_\_\_\_

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. 34998 /

Contact Person: PETER JEFFERIS

Past Operator's Name & Address: ACE ENERGY LLC  
11704 ABERDEEN RD, LEAWOOD, KS 66211

Phone: 217-801-2071 Received  
KANSAS CORPORATION COMMISSION

Title: Director of Operations

Date: 3/4/2015 **MAR 20 2015**  
Signature: [Signature] CONSERVATION DIVISION  
WICHITA, KS

New Operator's License No. 35124 /

Contact Person: GARY D. FEWINS Received  
KANSAS CORPORATION COMMISSION

New Operator's Name & Address: GARY D. FEWINS  
4691 HAWAII RD MORAN K.S. 66755

Phone: 620-363-2594 Received  
KANSAS CORPORATION COMMISSION

Title: owner

Oil / Gas Purchaser: Pacer **MAR 13 2015**  
Date: 3/10/15 CONSERVATION DIVISION  
WICHITA, KS  
Signature: [Signature]

**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.

GARY D FEWINS is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: E-24912 . Recommended action: \_\_\_\_\_

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

Date: 3-25-15 [Signature]  
Authorized Signature

Date: \_\_\_\_\_  
Authorized Signature

DISTRICT _____	EPR <u>3-24-15</u>	PRODUCTION <u>A.J. 15</u>	UIC <u>3-25-13</u>
Mail to: Past Operator <u>3-25-15</u>	New Operator <u>3-25-13</u>	District <u>3</u>	<u>3-25-13</u>



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1  
July 2014

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**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)

Received  
KANSAS CORPORATION COMMISSION

OPERATOR: License # 35174  
Name: Gary D. Fewins  
Address 1: 4691 Hawaii RD  
Address 2: \_\_\_\_\_  
City: Moran State: KS Zip: 66255  
Contact Person: Gary D Fewins  
Phone: ( 620 ) 363-0594 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: doug.fewins@gmail.com

MAR 13 2015  
CONSERVATION DIVISION  
WICHITA, KS

Well Location: \_\_\_\_\_  
Sec. 25 Twp. 26 S. R. 21  East  West  
County: Bourbon  
Lease Name: Wilson Well #: \_\_\_\_\_

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

South Half of Northwest Quarter of Section 25  
Township 26 Range 21E

**Surface Owner Information:**

Name: Samuel Leon George and Alta Jean George  
Address 1: 678 20th St.  
Address 2: \_\_\_\_\_  
City: Savonburg State: KS Zip: 66772

Received  
KANSAS CORPORATION COMMISSION  
MAR 20 2015  
CONSERVATION DIVISION  
WICHITA, KS

*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: 3/10/15 Signature of Operator or Agent: Gary D Fewins Title: owner