

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1

July 2014

Form must be Typed

Form must be Signed

All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION OR SURFACE PIT PERMITForm 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.: D-27, 304
- Spot Location: 1315 \_\_\_\_\_ feet from ☐ N / ☒ S Line
- 1320 \_\_\_\_\_ feet from ☒ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: GREENWOOD GAS AREA

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

Effective Date of Transfer: 03/15/2015

KS Dept of Revenue Lease No.: 1042327217 NA

Lease Name: CRAVER

NE - NE - SW - SE Sec. 32 Twp. 34 R. 42 ☐ E ☒ WLegal Description of Lease: 1315' N, 1320' W FROM SE CORNER  
OF NE NE SW SE 32-T34S-R42W

County: MORTON

Production Zone(s):

Injection Zone(s): CEDAR HILLS FORMATION

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

Past Operator's License No. 33359 ✓

Contact Person: ALEX G STALLINGS

Past Operator's Name &amp; Address: BKEP CRUDE LLC

Phone: 918-237-4000

10750 MCCLARY ROAD/PO BOX 1356, DUMAS TX 79029

Date: 03/06/2015

Title: CFO &amp; SECRETARY

Signature: 

New Operator's License No. 35078 ✓

Contact Person: ALEX G STALLINGS

New Operator's Name &amp; Address: BKEP SERVICES LLC

Phone: 918-237-4000

10750 MCCLARY ROAD/PO BOX 1356

Oil / Gas Purchaser:

DUMAS, TX 79029

Date: 03/06/2015

Title: CFO &amp; SECRETARY

Signature: Received  
KANSAS CORPORATION COMMISSION

MAR 19 2015

CONSERVATION DIVISION  
WICHITA, KS

**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.

BKEP Services LLC is acknowledged as

the new operator and may continue to inject fluids as authorized by

Permit No.: D-27,304 Recommended action: None

Date: 3-23-15 Cheryl L. Boyer

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

3-20-15

PRODUCTION

4-1-15

UIC

3-23-15

Mail to: Past Operator

3-23-15

New Operator

3-23-15

District

① 3-23-15



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OIL & GAS CONSERVATION DIVISION

Form KSONA-1

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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)

OPERATOR: License # 35078  
Name: BKEP SERVICES LLC  
Address 1: 10750 MCCLARY ROAD  
Address 2: PO BOX 1356  
City: DUMAS State: TX Zip: 79029 +  
Contact Person: JIMMY WOODS  
Phone: ( 806 ) 935-5700 Fax: ( 806 ) 934-7962  
Email Address: JWOODS@BKEP.COM

Well Location:  
NE NE SW SE Sec. 32 Twp. 34 S. R. 42 ☐ East ☒ West  
County: MORTON  
Lease Name: CRAVER Well #: 1-32

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

Received  
KANSAS CORPORATION COMMISSION

**Surface Owner Information:**

Name: ALAN TUCKER  
Address 1: 221 THIRD STREET  
Address 2:  
City: ELKHART State: KS Zip: 67950 +  
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: 03/06/2015 Signature of Operator or Agent: Title: CFO & SECRETARY