030115_Hodgson_1H.pdf

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 PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

	submitted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:3-1-15		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 1044237191- 145242 KAR		
Gas Gathering System:	Lease Name: Hodgson 1H-22		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	NE _ N2 _ NW _ Sec 22 _ Twp 20S _ R 6 E \subset W		
feet from E / W Line	Legal Description of Lease: Northwest Quarter		
Enhanced Recovery Project Permit No.:	Section 22-20S-6W		
Entire Project: Yes No	County: Rice		
Number of Injection Wells **	Production Zone(s): Mississippi		
Field Name:			
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.: N/A	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)			
Type of Pit: Emergency Burn Settling	——————————————————————————————————————		
Past Operator's License No. 8465			
	Contact Person: Nevin Cooper		
Past Operator's Name & Address: Ceja Corporation	Phone: 918-496-0770		
1437 S. Boulder Ave., Ste. 1250, Tulsa, OK 74119	Date: 3-1-15		
Title: President	Signature: Darale P. Carpenle		
New Operator's License No. 30979 /	Contact Person: Russell Nightingale		
New Operator's Name & Address: RJ Operating	620-245-8014		
1380 24th Ave, Galva, KS 67443	Contact Person: Russell Nightingale Phone: 620-245-8914		
	יון Oil / Gas Purchaser:		
-05	Date:		
Title: Owner operator RECE	Signature: Kussell Mightingel		
Acknowledgment of Transfer: The above request for transfer of inject	tion authorization, surface pit permit # N/A has been		
	tion 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 a	as is advantaged as		
the new operator and may continue to inject fluids as authorized b	is acknowledged as		
	the desired rease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Date:	-		
Date:	Date:		
DISTRICT EPR	PRODUCTION 5-15-2015 UIC 5-15-15		
Mail to: Past Operator New Operator			
	District		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 4044237191	15242			
* Lease Name:	Hodgson 1H-22		Location:	€ N2 N2 NW4 Sec 22-20	S-6W
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1H-22	15-159-22735-0100 <i>0</i>	330 Circle	1320 Circle	Oil	Temp. Abandoned
-	-	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL	FEL/FWL	***	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
·		FSL/FNL	FEL/FWL		
muuta aanaa aanaa		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		WICHITA
		FSL/FNL	FEL/FWL	MAY	1 1 2015
				RI	ECEIVED
ar deliberation of the second					
		FOLIFINE _	rEL/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	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 30979 Name: RJ Operating Address 1: 1380 24th Ave Address 2: City: Galva State: KS Zip: 67443 + 8847 Contact Person: Russell Nightingale Phone: (620) 245-8914 Fax: () — Email Address: ———————————————————————————————————	Well Location: NE N2 _N2 _NW _Sec. 22 _Twp. 20 _S. R. 6 East \infty West County: Rice Lease Name: Hodgson Well #: 1H-22 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:				
Surface Owner Information: Name: Edward S Hodgson Address 1: 1240 28th Road Address 2: RECEIVED City: Little River State: KS Zip: 67457 +	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:					
	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this				
KCC will be required to send this information to the surface owr	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.				
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					
I hereby certify that the statements made herein are true and correct to to 3-1-15 Date: Signature of Operator or Agent:	1 .				