### 040115\_Arensman.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

March 2010 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,
MUST be submitted with this form

Check Applicable Boxes: MUST be submitted with this form.	
✓ Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 4/1/2015
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 113373
Gas Gathering System:	Lease Name: ARENSMAN
Saltwater Disposal Well - Permit No.:	
Spot Location: 1650' feet from ☐ N / ✓ S Line	<u>S2 _ NW _ SE Sec10 Twp198 R10 </u> E
1980' feet from ✓ E / W Line	Legal Description of Lease: SE/4
Enhanced Recovery Project Permit No.:	T19S, R10W, SEC 10: S2 NW SE
Entire Project: Yes No	County: RICE
Number of Injection Wells**	Production Zone(s):DOUGLAS FORMATION
Field Name: CHASE-SILICA	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	
Past Operator's License No	Contact Person: JOEL SAUER
Past Operator's Name & Address: FOUNDATION ENERGY MANAGEMENT, LLC	Phone: 303-244-8113
16000 DALLAS PARKWAY., SUITE 875, DALLAS, TX 75248	Date: 4-22-15
Title: VICE PRESIDENT	
	Signature:
New Operator's License No. 6627 /	Contact Person: BRAD HUTCHISON
DDOODEOT OIL AND GAG GODDODATION	Phone: 785-483-0492
New Operator's Name & Address: PROSPECT OIL AND GAS CORPORATION  P.O. BOX 837	Oil / Gas Purchaser: KELLY L. MACLASKEY OIKCE WICHITA
	,
RUSSELL, KS 67665-0837	Date: 4-30-20/5 MAY 08 2015
Title:	Signature RECEIVED
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	above injection well(s) or pit permit.
is acknowledged as	is acknowledged as
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
	pormittod by Ho
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR 5-/2-/5	PRODUCTION 5. 13. 15 UIC 5-/3-/5
Mail to: Past Operator New Operato	

#### Side Two

#### Must Be Filed For All Wells

113373 KDOR Lease No.: ARENSMAN T19S, R10W, SEC10: S2 NW SE \* Lease Name: \_ \* Location:\_ Well No. API No. Footage from Section Line Type of Well Well Status (YR DRLD/PRE '67) (i.e. FSL = Feet from South Line) (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned) S/2 NWSW Circle 15-159-20889 v 1650 1980' OIL **PROD** FSD)FNL FSL/FNL FEL/FWL KCC WICHITA FSL/FNL FEL/FWL MAY 08 2015 FSL/FNL FEL/FWL RECEIVED FSL/FNL FEL/FWL FSL/FNL FEL/FWL

A separate sheet may be attached if necessary

FEL/FWL

FSL/FNL

<sup>\*</sup> 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 (Cat	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 6627  Name: PROSPECT OIL AND GAS CORPORATION  Address 1: P.O. BOX 837	Well Location: S2NWSESec10Twp19SR10East 🗷 West County:
Address 2:  City: RUSSELL  State: KS  Zip: 67665 + 0837  Contact Person: BRAD HUTCHISON  Phone: ( 785 ) 483-0492 Fax: ( )  Email Address: bchutch@ruraltel.net	Lease Name: ARENSMAN Well #: 1  If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Surface Owner Information: Name: MARILYN AND GLEN N WILKENS MAY (1.2) 7/15 Address 1: 6930 RED OAK DRIVE RECEIVED Address 2:	When filling 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
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 Forming 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 acknowledge that I am being charged a \$30.00 handling feet	er(s). To mitigate the additional cost of the KCC performing this
If choosing the second option, submit payment of the \$30.00 handling fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 w	e with this form. If the fee is not received with this form, the KSONA-1 will be returned.
I hereby certify that the statements made herein are true and correct to the Date: 4-30-2015 Signature of Operator or Agent:	e best of my knowledge and belief.  Title: Member