

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

040115\_Freeman\_INJ.pdf

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.

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 7 \*\*
- ☐ 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.: E26205 E27015
- Entire Project: ☒ Yes ☐ No
- Number of Injection Wells two \*\*

Field Name: Seely-Wick

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

Effective Date of Transfer: April 1, 2015

KS Dept of Revenue Lease No.: 133559 ✓

Lease Name: Freeman

NE4 - 1256 Sec. 28 Twp. 23 R. 11 ☒ E ☐ W

Legal Description of Lease: North Half of Southeast Quarter and the  
Northeast Quarter of 28-23-11E

County: Greenwood

Production Zone(s): Bartlesville

Injection Zone(s): Bartlesville

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

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Past Operator's License No. 31878 ✓

Past Operator's Name & Address: Jim Snyder Estate  
P O Box 109 Hamilton, KS 66853

Title: Manager

Contact Person: Linda Snyder

Phone: 620-344-6283

Date: 04-22-15

Signature: Linda Snyder

**JUN 15 2015**

CONSERVATION DIVISION  
WICHITA, KS

**KCC WICHITA**

**APR 27 2015**

New Operator's License No. 35164 ✓

New Operator's Name & Address: Jim Snyder Inc.  
P O Box 109  
Hamilton, KS 66853

Title: Secretary

Contact Person: Linda Snyder

Phone: 620-344-6283

Oil / Gas Purchaser: Kelly MacLaskey Oilfield Services, Inc

Date: 04-22-15

Signature: Linda Snyder

**RECEIVED**

**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.

Jim Snyder Inc is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: E-27015 . Recommended action: None

Date: 6-17-15 Cheryl 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 <u>6-16-15</u>	PRODUCTION <u>JUN 17 2015</u>	UIC <u>6-17-15</u>
Mail to: Past Operator <u>6-17-15</u>	New Operator <u>6-17-15</u>	District <u>(3) 6-17-15</u>	

\* Location: NE4 28-23-11E

KCC WICHITA  
APR 27 2015  
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~~JUN 15 2015~~

**CONSERVATION DIVISION**  
**WICHITA, KS**

\* 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

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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 # 35164  
Name: Jim Snyder Inc.,  
Address 1: P O Box 109  
Address 2: \_\_\_\_\_  
City: Hamilton State: KS Zip: 66853 + 0109  
Contact Person: Linda Snyder  
Phone: ( 620 ) 344-6283 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: jsnyder8800@yahoo.com

Well Location:

N2 SE, NE Sec. 28 Twp. 23 S. R. 11 ☒ East ☐ West  
County: Greenwood

Lease Name: Freeman Well #: 1 and A1

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

NE 4 28-23-11 Greenwood County  
N2 SE

**Surface Owner Information:**

Name: Beverly Tipton  
Address 1: 1445 280th St  
Address 2: \_\_\_\_\_  
City: Hamilton State: Ks Zip: 66853 + \_\_\_\_\_

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: 04-22-2015 Signature of Operator or Agent: Linda Snyder Title: Secretary

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JUN 15 2015