

**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 1 \*\*  
☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*  
☐ Gas Gathering System: \_\_\_\_\_  
☒ Saltwater Disposal Well - Permit No.: \_\_\_\_\_  
Spot Location: 1079 feet from ☒ N / ☐ S Line  
3548 feet from ☐ E / ☒ W Line  
☐ Enhanced Recovery Project Permit No.: E25300  
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: WELCH-BORNHOLDT

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

Effective Date of Transfer: 5/1/2015

KS Dept of Revenue Lease No.: 104298

Lease Name: WALSTEN "E"

\_\_\_\_\_ - \_\_\_\_\_ - SW Sec. 8 Twp. 21S R. 6 ☐ E ☒ W

Legal Description of Lease: T21S, R6W, SEC 8: NW NW SW; NW SE SW

County: RICE

Production Zone(s): MISSISSIPPIAN

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

Surface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling

☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 33725 /

Past Operator's Name & Address: FOUNDATION ENERGY MANAGEMENT, LLC  
16000 DALLAS PARKWAY., SUITE 875, DALLAS, TX 75248

Title: VICE PRESIDENT

Contact Person: JOEL SAUER

Phone: 303-244-8113

Date: 5/01/15

Signature: Joel Sauer

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**JUN 11 2015**  
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New Operator's License No. 31504 /

New Operator's Name & Address: KJS OIL AND GAS, INC.

608 WEST PARK STREET

CLAFLIN, KS 67525

Title: PRESIDENT

Contact Person: KURT STRUBE

Phone: (620) 587-3436

Oil / Gas Purchaser: Coffeyville Resources Refining and Marketing  
KELLY L. MACLASKEY OIL

Date: 5/16/15

Signature: Kurt Strube

**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.

Strube, Kurt J dba KJS Oil & Gas Inc is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: E-25.300 . Recommended action: None

Date: 6-16-15

Cheryl B. Berger  
Authorized Signature

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

DISTRICT \_\_\_\_\_

Mail to: Past Operator 6-16-15

New Operator 6-16-15

PRODUCTION JUN 17 2015

UIC 6-16-15

District ③ 6-16-15

\* Location: T21S, R6W, SEC 8: NW NW SW; NW SE SW

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\* 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

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2010  
**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

*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 # 31504  
Name: KJS OIL AND GAS, INC.  
Address 1: 608 WEST PARK STREET  
Address 2: \_\_\_\_\_  
City: CLAFLIN State: KS Zip: 67525 + \_\_\_\_\_  
Contact Person: KURT STRUBE  
Phone: ( 620 ) 587-3436 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: kjsoilman@hotmail.com

Well Location: \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - SW Sec. 8 Twp. 21 S. R. 6 ☐ East ☒ West  
County: RICE  
Lease Name: WALSTEN "E" Well #: C1 & 3

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

*NW NW SW  
NW SE SW*

**KCC WICHITA  
JUN 11 2015  
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**Surface Owner Information:**

Name: DAVID STROBERG TRUST AND SUSAN STROBERG TRUST  
Address 1: 5016 N HENDRICKS  
Address 2: \_\_\_\_\_  
City: HUTCHINSON State: KS Zip: 67502 + \_\_\_\_\_

*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 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: 05/01/15 Signature of Operator or Agent: [Signature] Title: 05/01/15