

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 2 **
- 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.: _____
- 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.: 104297 ✓

Lease Name: WALSTEN ESTATE

_____ NW Sec. 8 Twp. 21S R. 6 E W

Legal Description of Lease: T21S, R6W, SEC 8: W2 SW NW, S2 S2 NW

County: RICE

Production Zone(s): MISSISSIPPIAN

Injection Zone(s): _____

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 OR Drilling

Past Operator's License No. 33725 /

Contact Person: JOEL SAUER

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

Phone: 303-244-8113

Date: 5/01/15

Title: VICE PRESIDENT

Signature: [Signature]

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

Contact Person: KURT STRUBE

New Operator's Name & Address: KJS OIL AND GAS, INC.
608 WEST PARK STREET
CLAFLIN, KS 67525

Phone: (620) 587-3436

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

Date: _____
 Signature: [Signature]

Title: PRESIDENT

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.

_____ is acknowledged as
 the new operator and may continue to inject fluids as authorized by
 Permit No.: _____ . Recommended action: _____
 Date: _____

 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 6-15-15 PRODUCTION 6-16-15 UIC 6-16-15
 Mail to: Past Operator _____ New Operator _____ District _____

Must Be Filed For All Wells

KDOR Lease No.: 104297 ✓

* Lease Name: WALSTEN ESTATE * Location: T21S, R6W, SEC 8: W2 SW NW; S2 S2 NW

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-159-20262 ✓	1980 (ES)/FNL ^{Circle}	330 (FE)/FWL ^{Circle}	OIL	PROD
5	15-159-20327 ✓	2970 (FSL)/FNL	3960 (FE)/FWL	OIL	INACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		

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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 2010
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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 # 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: _____
_____ NW Sec. 8 Twp. 21 S. R. 6 East West
County: RICE
Lease Name: WALSTEN ESTATE Well #: 1 & 5

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

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JUN 11 2015
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W 2 SW NW
S 2 S 2 NW

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: Resident