

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.: D-15254
- Spot Location: 4256 feet from ☐ N / ☒ S Line
- 3226 feet from ☒ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: Augusta South

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

Effective Date of Transfer: 05-15-2015

KS Dept of Revenue Lease No.: 101590 ✓

Lease Name: Ambler

_____ NW Sec. 2 Twp. 28S R. 4 ☒ E ☐ W

Legal Description of Lease: NW/4

County: Butler

Production Zone(s): Kansas City

Injection Zone(s): Arbuckle

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Surface Pit Permit No.: P-00169
(API No. if Drill Pit, WO or Haul)

3630 feet from ☐ N / ☒ S Line of Section

3630 feet from ☒ E / ☐ W Line of Section

Type of Pit: ☒ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling

Past Operator's License No. 30979 ✓

Contact Person: Russell Nightingale

Past Operator's Name & Address: R J Operating, Co

Phone: 620-245-8914

1380 24th Ave Galva, Ks 67443

Date: 05-15-2015

Title: Owner/Operator

Signature: Russell Nightingale

New Operator's License No. 35138 ✓

Contact Person: Maureen Elton

New Operator's Name & Address: S&B Operating LLC

Phone: 913-451-6758

9393 W. 110th St Ste 500

Oil / Gas Purchaser: Coffeyville Refinery

Overland Park , Ks 66210

Date: 05/15/2015

Title: Operator

Signature: JK

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # P-00169 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.

S+B Operating LLC is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-15254 . Recommended action: NONE

Date: 6-9-15 Cheryl L. Boyer
Authorized Signature

S+B Operating LLC is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: P00169

Date: 6-5-15 Olivia Laigosa
Authorized Signature C.C. Kathy

DISTRICT	EPR	PRODUCTION	UIC
Mail to: Past Operator <u>6-9-15</u>	<u>6-5-15</u>	<u>6-9-15</u>	<u>6-9-15</u>
New Operator	<u>6-9-15</u>	District	<u>(2) 6-9-15</u>

* Location: NW/4 Sec 2-28S-4E

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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

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 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 35138
Name: S&B Operating LLC
Address 1: 9393 W. 110th St Ste 500
Address 2: _____
City: Overland Park State: Ks Zip: 66210 + _____
Contact Person: Maureen Elton
Phone: (913) 451-6758 Fax: (_____) _____
Email Address: _____

Well Location:
_____ - _____ - NW Sec. 27s Twp. 28 S. R. 4 ☒ East ☐ West
County: Butler
Lease Name: Ambler Well #: _____

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

NW/4

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Surface Owner Information:

Name: Multiple Owners See attached sheet
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

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: 05/15/2015 Signature of Operator or Agent: [Signature] Title: C.O.O.

Ambler

Elbert & Donna Chappell
6721 SW 120th St.
Augusta, KS 67010

William Martin
12976 SW Ohio St. Rd.
Augusta, KS 67010

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MAY 27 2015
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KANSAS CORPORATION COMMISSION

MAY 20 2013

COMMISSION DIVISION
WICHITA, KS