Kansas Corporation Commission Oil & Gas Conservation Division 06/015_Brownrigg_INJ.pdf

Form must be Typed Form must be Signed All blanks must be Filled

Authorized Signature

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: 6/10/15 Oil Lease: No. of Oil Wells Effective Date of Transfer: _ Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: ____ Gas Gathering System: __ Brownrigg Saltwater Disposal Well - Permit No.: ____ __ _ <u>NW Sec. 30 Twp. 20 R. 22 F W</u> Spot Location: ______ feet from N / S Line Legal Description of Lease: NW/4 of the Sec.30 Twp.20S R. 22E _____feet from F / W Line Enhanced Recovery Project Permit No.: ___ Entire Project: V Yes No County: _____ Received KANSAS CORPORATION COMMISSION Number of Injection Wells Squirrel Production Zone(s):_____ Goodrich-Parker JUL 13 2015 Field Name: ___ Squirrel -Injection Zone(s):_____ CONSERVATION DIVISION ** Side Two Must Be Completed. Surface Pit Permit No.: __ __ feet from N / S Line of Section (API No. if Drill Pil. WO or Haul) E / W Line of Section 1 Drilling Type of Pit: Emergency Workover Burn Settling Haul-Off 34349 Phil Hudnall Past Operator's License No. Contact Person: Pharyn Resources, LLC 719-360-4700 Past Operator's Name & Address: 15621 W. 87th St. Lenexa, KS 66219 Title: President 35219 V Jerid Hoehn Contact Person: _____ New Operator's License No. -913-940-4757 Flatland Energy, LLC New Operator's Name & Address: _ Phone: 4747 Texas Rd. Oil / Gas Purchaser: Wellsville, KS 66092 Operator Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #____ 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. Energy LLC 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 . Recommended action: 2 MIT'S permitted by No.: _____

New Operator

Authorized Signature

DISTRICT Mail to: Past Operator

Must Be Filed For All Wells

JUL 1 3 2015

114182

KDOR Lease No.:

CONSERVATION DIVISION WICHITA, KS

* Lease Name: _	Brownrigg	* Location:	NW/4 of the Sec	.30 Twp.20S R. 22E
Well No.	API No. Footage from (YR DRLD/PRE '67) (i.e. FSL = Feet f		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
61	15-107-24192-00-00 2926 FSUFNL	4930 FELFWL	Oil	Prod
73	15-107-24204-00-00 3279 FSD/FNL	3584 FEIVFWL	EOR	Active
10	15-107-21792-00-00 4180 FSL/FNL	2840 FELFWL	Oil	Prod
11	15-107-21793-00-00 4180 FSLIFNL	4180 FE /FWL	Oil	Prod
12	15-107-21820-00-00/ 3780 FSL FNL	2840 FEVFWL	Oil	Prod
13	15-107-21837-00-00 4180 FSLYFNL	3280 FEIVFWL	Oil	Prod
14	15-107-21838-00-00 3380 F9L/FNL	2840 FEI/FWL	Oil	Prod
15	15-107-21845-00-00 3740 FSI/FNL	3280 FEDFWL	Oil	Prod
16	15-107-21846-00-00 3380 FS /FNL	3280 FEDFWL	Oil	Prod
17	15-107-21889-00-00 4480 FSLIFNL	4580 FELIFWL	Oil	Prod
2	15-107-21715-00-00 5060 FSI/FNL	3690 FEIVFWL	Oil	Prod
24	15-107-22237-00-00 3340 FSL/FNL	5115 FEI/FWL	Oil	Prod
25	15-107-23845-00-00 3665 FSIVENL	3020 FEL FWL	EOR	Active
26	15-107-23846-00-00 4085 FSU/FNL	3000 FEL FWL	EOR	Active
3	15-107-21744-00-00 / 5060 (FS) /FNL	4140 FEDFWL	Oil	Prod
30	15-107-24037-00-00 3830 FSU/FNL	4015 FB JFWL	Oil	Prod
31	15-107-24038-00-00 3830 FSDFNL	3635 FELVEWL	Oil	Prod
32	15-107-24039-00-00 3430 FSIYFNL	4015 FEI/FWL	Oil	Prod
33	15-107-24040-00-00 3430 FSL FNL	3635 FEDFWL	Oil	Prod
37	15-107-24044-00-00 3100 FS /FNL	2840 FELYFWL	Oil	Prod
38	15-107-24045-00-00 4850 FSLYFNL	3815 FEL FWL	EOR	Active
39	15-107-24046-00-00 4450 FSL FNL	4230 FEDFWL	EOR	Active
40	15-107-24047-00-00 4450 FS)/FNL	3810 FEL FWL	EOR	Active
41	15-107-24048-00-00 4450 FSL FNL	3430 FEL/FWL	EOR	Active

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.

Must Be Filed For All Wells

KDOR Lease	No.: 114182		and 16 Reconstructives we		
* Lease Name:	Brownrigg		* Location:	NW/4 of the Sec.30	Twp.20S R. 22E
Well No.			Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
42	15-107-24049-00-00 4450	Circle FSL/FNL	3090 FEDFWL	EOR	Active
43	15-107-24050-00-00 4050	FSI/FNL	3810 FEDFWL	EOR	Active MCT B-14-15
45	15-107-24055-00-00 3679	FSL)FNL	3813 (FEL/FWL	EOR	Active MIT 4-14-15
46	15-107-24056-00-00 3650	FSI)/FNL	3430 (FELYFWL	EOR	Active
49	15-107-24059-00-00 3260	FSL/FNL	3040 FEDFWL	EOR	Active
5	15-107-21746-00-00 4620	FSL)FNL	3740 FEL FWL	Oil	Prod
51	15-107-24182-00-00 3764	F9L/FNL	4664 (FEL) FWL	Oil	Prod
52	15-107-24183-00-00 3808	FSL)FNL	4397 FEL/FWL	Oil	Prod
53	15-107-24184-00-00 3457	FSU/FNL	4946 FEL FWL	Oil	Prod
54	15-107-24185-00-00 3531	FSLYFNL	4690 FE)/FWL	Oil	Prod
55	15-107-24186-00-00 3510	FS)./FNL	4407 FELIFWL	Oil	Prod
56	15-107-24187-00-00 3184 2	FSL)FNL	4940 FEL FWL	Oil	Prod
57	15-107-24188-00-00 3241	FSLYFNL	4762 FELYFWL	Oil	Prod
58	15-107-24189-00-00 3102	FSIVFNL	4339 FEL FWL	Oil	Prod
59	15-107-24190-00-00 3208		4011 FEL/FWL	Oil	Prod
6	15-107-2176ø-00-00 4620		4005 FED/FWL	Oil	Prod
60	15-107-24191-00-00 3190		3726 FEIVEWL	Oil	Prod
62	15-107-24193-00-00 2856	1	4625 FEL FWL	Oil	Prod
63	15-107-24194-00-00 2903	FSL/FNL	4357 FE /FWL	Oil	Prod
64	15-107-24195-00-00 2878	FaL/FNL	4035 FEWFWL	Oil	Prod
65	15-107-24196-00-00 3739	FSLYFNL	5010 FEDFWL	Oil	Prod
66	15-107-24197-00-00 3560	,	4861 FEI/FWL	EOR	Active MITTURE
67	15-107-24198-00-00 3649	,	4500 FEL FWL	EOR	Active
68	15 107 24100 00 00 /2662	FS)_/FNL	4224 FEL FWL	EOR	Active

A separate sheet may be attached if necessary

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Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 114182				
* Lease Name:	Brownri	Brownrigg		NW/4 of the Sec.30 Twp.20S R. 22E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
69	15-107-24200-00-00	3379 FSLYFNL	4799 FEDFWL	EOR	Active
7	15-107-21763-00-00	4180 FSL FNL	3740 FEIVFWL	Oil	Prod
70	15-107-24201-00-00	3295 FSL FNL	4507 FEL FWL	EOR	Active
71	15-107-24202-00-00	3359 FSI FNL	4265 FELFWL	EOR	Active
72	15-107-24203-00-00	3281/FSL/FNL	3890 FELFWL	EOR	Active
74		3086 FSIVENL	4797 FELFWL	EOR	Active
75	15-107-24206-00-00	3886 F9L/FNL	4441 FELFWL	Oil	Prod
76	15-107-24207-00-00	3098 FSIVENL	4156/ FE)/FWL	EOR	Active
77	15-107-24208-00-00	3080 (FS)/FNL	3866 FELFWL	EOR	Active
8	15-107-21784-00-00	4620 FS)/FNL	3240 FE /FWL	Oil	Prod
9	15-107-21785-00-00 [√]	4660/FSL)FNL	2960/FEI/FWL	Oil	Prod
				•	***************************************
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KANSAS COF	Received RPORATION COMMISSION
		FSL/FNL	FEL/FWL		L 13 2015
		FSL/FNL	FEL/FWL	CONSE	RVATION DIVISION WICHITA, KS
A A A A A A A A A A A A A A A A A A A	AND THE PROPERTY OF THE PROPER	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1 January 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 (Ca	ethodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #34349	Well Location:
Name: Pharyn Resources, LLC	NW Sec. 30 Twp. 20 S. R. 22 🗶 East West
Address 1: 15621 W. 87th St.	4 :
Address 2: STE. 262	County: Linn Lease Name: Brownrigg Well #: ALL
City: Lenexa State: KS Zip: 66219 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Phil Hudnall	the lease below:
Phone: (719) 360-4700 Fax: () Received KANSAS CORPORATION COMMISSING SUPPORT 1 3 2015	NVV/4 of the Sec.30 Twp.20S R. 22E
Surface Owner Information: Name: Mona Lee Johnson Address 1: 1879 amino Vera Cuz Address 2: City amari llo State: CA zip:93010+	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 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 email address.
I have not provided this information to the surface owner(s). I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KCO.	er(s). To mitigate the additional cost of the KCC performing this the surface owner by filling out the top section of this form and
f 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.
hereby certify that the statements made herein are true and correct to the Date: 7-6-17 Signature of Operator or Agent:	e best of my knowledge and belief. Title: Title: