## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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:	Red With this form.
Oil Lease: No. of Oil Wells 72 2 **	Effective Date of Transfer:
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 101250
Gas Gathering System:	Lease Name: Parker/Jones
Saltwater Disposal Well - Permit No.:	N2 _ SE Sec. 11 Twp. 35 R. 11 VE W
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease: N2 SE4 Sec 11-35S-11E
✓ Enhanced Recovery Project Permit No.:E-19931	
Entire Project: V Yes No	County: Chautauqua Received  KANSAS CORPORATION COMMISSION
Number of Injection Wells**	Production Zone(s): Wayside
Field Name: Peru-Sedan	Injection Zone(s): Wayside JUN 2 6 2015
** Side Two Must Be Completed.	CONSERVATION DIVISION WICHITA, KS
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet from F / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover OF Drilling
Past Operator's License No. 34286/	Contact Person: Eddie Barrington
Past Operator's Name & Address: Ratex Corporation	Phone: 608-712-1020
N 4466 Whispering Pines Lane, Cambridge, WI 53523	06/02/2015
	Caldia A Bassi d
Title: President	Signature: <u>(AML G. DENVINGTIN</u>
New Operator's License No. 35212	Contact Person: Ronald Davis
New Operator's License No.   Copper houd  New Operator's Name & Address: Coperhead Creek Enterprises, Inc.	Phone: 620-714-1742
807 Road 19 Sedan, KS 67361	Oil / Gas Purchaser: Maclaskey Oilfield Services
	Date: 06/22/2015
Title. President	
Title:	Signature:
Acknowledgment of Transfer: The above request for transfer of injection	
	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.
opperhen Creek Enterprises The 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
Permit No.: E-19.931 Recommended action: No.) E	permitted by No.:
Date Of A DA	
Date: 7-7-15  Authoriting Signature	Date:
	7 - 10 17.15
Mail to: Past Operator Past Operator New Operator	PRODUCTION

#### Side Two

### Must Be Filed For All Wells

KDOR Lease	No.: 101250 V		. <u></u>		
* Lease Name:	Parker/Jones		* Location:	N2 SE4 Sec 11-35S-11	E
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1	15-019-19475-00-01	2040 FSV FNL	660 FEL/FWL	inj	active
5	15-019-20756 V	2430 FSL/FNL	1990 FEL FWL	oil	prod
7	15-019-21509	2340 SU FNL	900 FED FWL	oil	prod
11	15-019-24235-60-01	1600 FSI FNL	285 FEL FWL	<del>-0il-</del>	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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KANSAS CO	Received RPORATION COMMISSION
		FSL/FNL	FEL/FWL	JU	N 2 6 2015
-		FSL/FNL	FEL/FWL	CONSE	ERVATION DIVISION WICHITA, KS
		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		

A separate sheet may be attached if necessary

<sup>\*</sup> 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.

OPERATOR: License # 35212	M. W			
OPERATOR: License # 33212  Name: Copperhead Creek Enterprises, Inc.				
Address 1: 807 Road 19				
Address 2:				
City: Sedan State: KS Zip: 67361 +				
Contact Person: Ronald Davis	the lease below:			
Phone: ( 620 ) 714-1742 Fax: ( )	N2 SE4 Sec 11-35S-11E Received KANSAS CORPORATION COMMISSION			
Email Address:	JUN 26 2015			
Surface Owner Information	CONSERVATION DIVISION WICHITA, KS			
Surface Owner Information: Name: Craig Ranch, LLC				
Address 1: 1010 E. Lakecrest	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			
Address 2:	owner intornation can be found in the records of the register of deeds for the			
City: Andover State: KS Zip: 67002 +				
the NCC with a plat snowing the predicted locations of lease roads, ta	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat If on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
Select one of the following:	r plat, of a separate plat may be submitted.			
owner(s) of the land upon which the subject well is or will be	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.			
NOC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this is so of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handlir form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.			
hereby certify that the statements made herein are true and correct  Date: 6-19-15 Signature of Operator or Agent:	to the best of my knowledge and belief.  Title: TRESS PRACT			