

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm T-1
July 2014Form 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 _____ **
- ☒ Gas Lease: No. of Gas Wells 1 **
- ☐ 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.: 0
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: Medicine Lodge-Boggs**** Side Two Must Be Completed.**Effective Date of Transfer: 12/1/2014KS Dept of Revenue Lease No.: 215720Lease Name: EVA WEIDNER #1_____ SE _____ SE Sec. 3 Twp. 33S R. 13 ☐ E ☒ WLegal Description of Lease: 605' FSL...605' FELReceived
KANSAS CORPORATION COMMISSIONCounty: BARBERProduction Zone(s): MississippianInjection Zone(s): NAJUL 10 2015
CONSERVATION DIVISION
WICHITA, KSSurface Pit Permit No.: NA
(API No. if Drill Pit, WO or Haul)Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ DrillingPast Operator's License No. 9810Past Operator's Name & Address: MCELVAIN ENERGY INC.
1050 17TH STREET SUITE 2500 DENVER CO 80265Title: SR EHS SPECIALISTCEONew Operator's License No. 33186New Operator's Name & Address: LB Exploration, Inc.
2135 2ND RDHOLYROOD KS 67450Title: PresidentContact Person: TONY COOPERPhone: 303-893-0933 X331Date: 06/12/2015Signature: Contact Person: Michael J. PetermannPhone: 785-252-8034Oil / Gas Purchaser: Gas - ONEOK FIELD SERVICES COMPANY, LLCDate: 6/24/2015Signature: 

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # NA 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 7-10-15 PRODUCTION 7-13-15 UIC 7-13-15
Mail to: Past Operator _____ New Operator _____ District _____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
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*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 # 9810
Name: MCELVAIN ENERGY INC.
Address 1: 1050 17TH STREET SUITE 2500 DENVER CO 80265
Address 2: _____
City: DENVER State: CO Zip: 80265 + _____
Contact Person: TONY COOPER
Phone: (303) 893-0933 Fax: (303) 893-0914
Email Address: TONY.COOPER@MCELVAIN.COM

Well Location:
_____ SE SE Sec. 3 Twp. 33S S. R. 13 ☐ East ☒ West
County: BARBER
Lease Name: EVA WEIDNER Well #: 1

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

605' FSL...605' FEL SE/SE 3 33S 13W

Surface Owner Information:

Name: CAROL STRONG
Address 1: 8247 SW Scenic Drive
Address 2: _____
City: MEDICINE LODGE State: KS Zip: 67104 + _____

Received
KANSAS CORPORATION COMMISSION

JUL 10 2015

CONSERVATION DIVISION
WICHITA, KS

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: 7/7/15 Signature of Operator or Agent: [Signature] Title: CFO