KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION 061515_Hineman_B_INJ.pdf
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.

Check Applicable Boxes: Oil Lease: No. of Oil Wells
Gas Lease: No. of Gas Wells
Gas Gathering System: Saltwater Disposal Well - Permit No.: D26074.0 Spot Location: 1613
Saltwater Disposal Well - Permit No.: D26074.0
Spot Location: 1613 feet from N / S Line 974 feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells
Entire Project: Yes No Number of Injection Wells Field Name: Hirrey Field Name: Market Be Completed. Surface Pit Permit No.:
Entire Project: Yes No Number of Injection Wells "Field Name: Hiney "Side Two Must Be Completed." Surface Pit Permit No:
Entire Project: Yes No Number of Injection Wells "Field Name: Hiney "Side Two Must Be Completed." Surface Pit Permit No:
Number of Injection Wells Field Name: Hiney **Side Two Must Be Completed.** Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling Haul-Off Workover of Drilling Past Operator's License No. 5055 Exp. 6/30/15 Past Operator's Name & Address: C.H. Todd Inc. 1000 N Tyler, Suite 100, Wichita KS 67212 Title: President New Operator's Name & Address: Cheyenne Oil Service, Inc PO Box 384, Ness City, KS 67560 Production Zone(s): n/a Injection Zone(s): n/a Inject
Field Name: Hiney **Side Two Must Be Completed. Surface Pit Permit No.:
Surface Pit Permit No.: GAPI No. if Drill Pit, WO or Haul) feet from N / S Line of Section
Type of Pit: Emergency Burn Settling Haul-Off Workover 6 P Drilling Past Operator's License No. 5055 Exp. 6/30/15 Past Operator's Name & Address: C.H. Todd Inc. 1000 N Tyler, Suite 100, Wichita KS 67212 Title: President New Operator's License No. 7146 V New Operator's Name & Address: Cheyenne Oil Service, Inc Po Box 384, Ness City, KS 67560 Title: Owner Title: Owner
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Past Operator's License No. 5055 Exp. 6/30/15 Past Operator's Name & Address: C.H. Todd Inc. 1000 N Tyler, Suite 100, Wichita KS 67212 Title: President New Operator's License No. 7146 J New Operator's Name & Address: Cheyenne Oil Service, Inc Phone: 303-925-0696 Date: 6-18-15 RECEIVED Contact Person: Per Burchardt Contact Person: Policy Inc. Phone: 303-925-0696 Date: 6-18-15 RECEIVED Contact Person: Paul Cambron Phone: 785-798-2282 Oil / Gas Purchaser: n/a Date: Signature:
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PO Box 384, Ness City, KS 67560 Oil / Gas Purchaser: n/a Date: Signature:
Title: Owner Signature:
Title: Owner Signature:
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.
Uncyenne Ol Services Inc is acknowledged as KCC WHO will ged as
the new operator and may continue to inject fluids as authorized by the new operator of the above named lease grantaiging the surface pit
Permit No.: V-20,014 Recommended action: Notice permitted by No.:
RECEIVED
Date: 7-31-15 Cherry & Date:
Aphorized Signature Authorized Signature
DISTRICT — DISTRICT — PRODUCTION — PRODUCTIO

Must Be Filed For All Wells

* Lease Name:	Hineman 'B'		* Location:_S	E/4 Sec. 18-T19S-R2	8W
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)
1-18	15-101-21167-00-01	1613 ES JENL	974 Circle	INJ	INJ
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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 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) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 7146	Well Location:		
Name: Cheyenne Oil Service, Inc.	SW_NE_SE Sec. 18 Twp. 19 S. R. 28 East West		
Address 1: PO Box 384	County: Lane		
Address 2:	Lease Name: Hineman 'B' Well #: 1-18		
City: Ness City State: KS Zip: 67560 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Paul Cambron			
Phone: (785) 798-2282 Fax: ()			
Email Address: KCC WICHITA			
Surface Owner Information: JUL 15 2015			
Name: Roger Hineman RECEIVED	When filing a Form T.1 involving multiple		
Address 1: 87 Longhorn Rd	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.		
Address 2:			
City: Dighton State: KS Zip: 67839	y, and an estate property tax records of the county treasurer.		
are preliminary non-binding estimates. The locations may be entered or	s batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:	KCC WICHITA		
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, a	ct (House Bill 2032), I have provided the following to the form C-1, Form CB-1, Form T-1, or Form 2015 peing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
KCC will be required to send this information to the surface ow	cknowledge that, because I have not provided this information, the rer(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 I will be returned.		
I hereby certify that the statements made herein are true and correct to Date: 7/28/15 Signature of Operator or Agent:	the best of my knowledge and belief. Title:		