## Kansas Corporation Commission070115\_Oscar\_Smith.pdf

OIL & GAS CONSERVATION DIVISION

March 2010 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: Oil Lease: No. of Oil Wells Effective Date of Transfer: \_\_July 1, 2015 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: \_210499 Gas, 12668 Oil Gas Gathering System: Lease Name: Oscar Smith Saltwater Disposal Well - Permit No.: \_ \_- <u>NE Sec. 2 Twp. 31 R. 7 EV W</u> \_ feet from N / S Line Legal Description of Lease: NE/4 of Sec. 2-31S-7W feet from E / W Line Enhanced Recovery Project Permit No.: \_ KANSAS CORPORATION COMMISSION Entire Project: Yes No County: Harper Number of Injection Wells Production Zone(s): Mississippi Field Name: Maple Grove South Injection Zone(s): \*\* Side Two Must Be Completed. Surface Pit Permit No.: \_ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover pR Drilling Contact Person: Casey Coats, Engineer Past Operator's Name & Address: Vess Oil Corporation Phone: 316-682-1537 1700 Waterfront Pkwy, Bldg 500, Wichita, KS 67206 Received Date: 8-10-201 CANSAS CORPORATION COMMISSION Title: Brian T. Gaudreau, VP of Land AUG 1 8 2015 CONSERVATION DIVISION WICHITA, KS 9860 New Operator's License No. . New Operator's Name & Address: Castle Resources Inc. Phone: 785-625-5155 PO Box 87, Schoenchen, KS 67667-0087 West Wichita Gas Gathering LLC & Coffeyville Resources Oil / Gas Purchaser: President Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit/# has been

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:	the new operator of the above named lease containing the surface pit permitted by No.:
Date:	Date:

New Operator

DISTRICT .

Mail to: Past Operator \_

PRODUCTION \_\_\_\_

UIC 6524

District

#### Must Be Filed For All Wells

* Lease Name:	Oscar Smith		* Location: NE/4 Sec. 2-31S-7W			
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	
2	15-077-21369 🗸	3300 Circle	330 Circle	Gas	TA'D	
3	15-077-21394	1650 FSL(FNL)	2310 FED/FWL	Gas	TA'D	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL				
		FSL/FNL				
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL	Recei KANSAS CORPORATI	ved ON COMMISSION	
		FSL/FNL	FEL/FWL	AUG 2 (		
		FSL/FNL	FEL/FWL	CONSERVATION WICHITA,	I DIVISION	
		FSL/FNL	FEL/FWL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		FSL/FNL _	FEL/FWL _			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL _	KANSAS	Received CORPORATION COMMISSION	
	·	FSL/FNL _	FEL/FWL	Α	JUG 1 8 2015	
		FSL/FNL	FEL/FWL _	CON	SERVATION DIVISION WICHITA, KS	
		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.

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 # 9860	Mall Location	
Name: Castle Resources Inc.	Well Location:NE Sec. 2 Twp. 31 S. R. 7 East ★ Wes	
Address 1: PO Box 87	County: Harper	
Address 2:	Lease Name: Oscar Smith Well #: 2,3	
City: Schoenchen State: KS Zip: 67667 + 0087		
Contact Person: Jerry D. Green	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:	
Contact Person: Jerry D. Green  Phone: ( 785 ) 625-5155 Fax: ( 785 ) 625-4151	NE/4 Sec. 2-31S-7W	
Fmoil Address	Harper County, KS	
Email Address: Received  KANSAS CORPORATION COM	IMISSION	
Surface Common Information	5 SION 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 (Cathe the KCC with a plat showing the predicted locations of lease roads to	odic Protection Borehole Intent), you must supply the surface owners and olk batteries, pipelines, and electrical lines. The locations shown on the plat	
are preliminary non-binding estimates. The locations may be entered of	on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.	
Select one of the following:		
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a  I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface or	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this sof the surface owner by filling out the top section of this form and	
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-	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.	
I hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief	
8-10-2015	VP of Land	
Date: Signature of Operator or Agent	Title:	