## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

050115\_Holtz.pdf

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: Effective Date of Transfer: 05/01/2015 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 100516 Gas Gathering System: Lease Name: HOLTZ Saltwater Disposal Well - Permit No.: . - SW Sec. 16 Twp, 18 R. 24 ✓E Spot Location: feet from N / Legal Description of Lease: S/2 of SW4, S/2 of NW4, N/2 of SW 1/4, feet from N/2 of NE of the SE 1/4 Enhanced Recovery Project Permit No. County: MIAMI Entire Project: Ves No Number of Injection Wells SQUIRREL Production Zone(s): Field Name: BLOCK SQUIRREL Injection Zone(s): \*\* Side Two Must Be Completed. Surface Pit Permit No.: \_ feet from S Line of Section (API No. if Drill Pit, WO or Haul) W Line of Section feet from Type of Pit: Emergency Burn Settling Haul-Off Workover KEITH CRAWFORD Past Operator's License No. Contact Person: Past Operator's Name & Address: KEITH CRAWFORD -4165 or 913-636-1082 30842 INDIANAPOLIS ROAD, PAOLA, KS 66071 Title: OWNER Signature, Contact Person: TOM CAIN 32834 New Operator's License No. KCC WICHITA Phone: 913-755-2959 New Operator's Name & Address: 35790 PLUM CREEK ROAD Oil / Gas Purchaser OSAWATOMIE, KS 66064 **PRESIDENT** Title: 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. 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: permitted by No .: . Date: Date: Authorized Signature Authorized Signature DISTRICT -

Mail to: Past Operator.

#### Must Be Filed For All Wells

KDOR Lease No.: 100516

* Lease Name	HOLTZ		* Location: S	/2 of SW4, S/2 of NW4, N/2	2 of SW 1/4, N/2 of NE of the SE 1/4
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)
10	15-121-23570	1340 Circle	-3825 FE FWL	INJ	AUTHORIZED
13	15-121-27083√	310 FSIVENL	-3810 €EDFWL	OIL	PRODUCING
8	15-121-20706	1140 FSD FNL	-3955 €EDFWL	OIL	PRODUCING
9	15-121-21592	350 (FSI)FNL	-3500 FED FWL	OIL	PRODUCING
10	15-121-22209	900 FSLFNL	-3805 €EDFWL	OIL	PRODUCING
11	15-121-22559	900 (FSI) FNL	3495 ED FWL	OIL	PRODUCING
6	15-121-19269	1140 FSD FNL	-3655 EDFWL	OIL	PRODUCING
7	15-121-19270	1140 (FSL)FNL	-3355 FEDFWL	OIL	PRODUCING
5	15-121-19268	840 FSDFNL	-3355 FED FWL	OIL	PRODUCING
4	15-121-19267	840 (FS)/FNL	-3730 €DFWL	OIL	PRODUCING
17	15-121-28914	5070 FSU FNL	4135 FWL 1145 FELVEWL	OIL	WELL DRILLED
16	15-121-28912	4140 FSL FNL	1025 FED FWL	OIL	WELL DRILLED
14	15-121-28910	4470 (FSDFNL	1145 FEL FWL	OIL	WELL DRILLED
15	15-121 <b>-</b> 28911 <b>√</b>	516 FUC 4770 (FSL) FNL	4135 FEI/FWL	OIL	WELL DRILLED
1	15-121-19265	540 FSL FNL	-3780 FED FWL	OIL	PRODUCING
3	15-121-19266	540 FSL FNL	-3355 FEI/FWL	OIL	PRODUCING
12	15-121-26867	165 FSL FNL	-3345 EVFWL	0	PRODUCING
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KC	C WICH!TA
		FSL/FNL	FEL/FWL	SE	P 2 1 2015
		FSL/FNL	FEL/FWL	RECEIVED	
		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 # 32834	Well Location:		
Name: JTC OIL, INC.	SW Sec. 16 Twp. 18 S. R. 24 X East West		
Address 1: 35790 PLUM CREEK ROAD	County: MIAMI		
Address 2:	Lease Name: HOLTZ Well #: ALL		
City: OSAWATOMIE State: KS Zip: 66064 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: TOM CAIN  Phone: ( 913 ) 755-2959 Fax: ( )  Email Address: tcain@aceoilwellservice.com	the lease below:		
Phone: ( 913 ) 755-2959 Fax: ( )	S/2 of SW4, S/2 of NW4, N/2 of SW 1/4, N/2 of NE of the SE 1/4		
Email Address: tcain@aceoilwellservice.com	NE OF THE SE 1/4		
KCC MICHITY			
Surface Owner Information: SEP 2 1 2015			
Name: LESTER TOWN  15945 W 288TH STREET  RECEIVED	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.		
Name: LESTER TOWN Address 1: 15945 W 288TH STREET RECEIVED			
Address 2:			
City: PAOLA State: KS Zip: 66071 +			
are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, and	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this address.		
KCC will be required to send this information to the surface own	cknowledge that, because I have not provided this information, the ner(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 CC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to			
Date: 9-15-15 Signature of Operator or Agent:	Title: Dunc		