

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

050115\_Knoche\_Koopman\_INJ.pdf  
Form T-1

**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.

Form must be Signed  
All blanks must be Filled

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 11 \*\*  
☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*  
☐ 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.: E21413  
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells 1 \*\*

Field Name: BLOCK ✓

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: 05/01/2015

KS Dept of Revenue Lease No.: 100517

Lease Name: KNOCHE/KOOPMAN

\_\_\_\_\_ SW Sec. 16 Twp. 18 R. 24 ☒ E ☐ W

Legal Description of Lease: S/2 of NW4, N/2 of SW 1/4, N/2 of NE of the SE 1/4

County: MIAMI ✓

Production Zone(s): SQUIRREL

Injection Zone(s): SQUIRREL ✓

Surface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 32428 ✓

Past Operator's Name & Address: KEITH CRAWFORD  
30842 INDIANAPOLIS ROAD, PAOLA, KS 66071

Title: OWNER

Contact Person: KEITH CRAWFORD

Phone: 913-294-4165 or 913-636-1082

Date: 9-16-15

Signature: [Signature]

KCC WICHITA

New Operator's License No. 32834 ✓

New Operator's Name & Address: JTC OIL, INC.  
35790 PLUM CREEK ROAD  
OSAWATOMIE, KS 66064

Title: PRESIDENT

Contact Person: TOM CAIN

Phone: 913-755-2959

Oil / Gas Purchaser: PACER ENERGY MARKETING

Date: 9-15-15

Signature: [Signature]

SEP 21 2015

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**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.

JTC Oil Inc is acknowledged as

the new operator and may continue to inject fluids as authorized by

Permit No.: E-21413 Recommended action: MIT

Date: 9-23-15

Cheryl L. Berger

Authorized Signature

\_\_\_\_\_ is acknowledged as

the new operator of the above named lease containing the surface pit

permitted by No.: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Signature

DISTRICT \_\_\_\_\_ PRODUCTION 9-28-15 UIC 9-23-15  
Mail to: Past Operator 9-23-15 New Operator 9-23-15 District ③ 9-23-15

\* Location: S/2 of NW4, N/2 of SW 1/4, N/2 of NE of the SE 1/4

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\* 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) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 32834  
Name: JTC OIL, INC.  
Address 1: 35790 PLUM CREEK ROAD  
Address 2: \_\_\_\_\_  
City: OSAWATOMIE State: KS Zip: 66064 + \_\_\_\_\_  
Contact Person: TOM CAIN  
Phone: ( 913 ) 755-2959 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: tcain@aceoilwellservice.com

Well Location:  
\_\_\_\_\_ SW Sec. 16 Twp. 18 S. R. 24 ☒ East ☐ West  
County: MIAMI  
Lease Name: KNOCHE/KOOPMAN Well #: ALL

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

S/2 of NW4, N/2 of SW 1/4, N/2 of NE of the SE 1/4

**Surface Owner Information:**

Name: VERNE KNOCHE  
Address 1: 30842 INDIANAPOLIS ROAD  
Address 2: \_\_\_\_\_  
City: PAOLA State: KS Zip: 66071 + \_\_\_\_\_

KCC WICHITA

SEP 21 2015

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*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: 9-15-15 Signature of Operator or Agent: [Signature] Title: Owner