

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

071015_Hawthorne_INJ.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:

- ☒ Oil Lease: No. of Oil Wells 1 **
☐ 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.: E-21647
Entire Project: ☒ Yes ☐ No
Number of Injection Wells 1 **

Field Name: THRALL-AAGARD

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

Effective Date of Transfer: 7-10-2015

KS Dept of Revenue Lease No.: 102475

Lease Name: HAWTHORNE (A)

_____ NW/4 Sec. 19 Twp. 24 R. 10 ☒ E ☐ W

Legal Description of Lease: NORTHWEST 1/4 OF SECTION 19,

TOWNSHIP 24 SOUTH, RANGE 10 EAST.

County: GREENWOOD

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Production Zone(s): BARTLESVILLE

SEP 17 2015

Injection Zone(s): BARTLESVILLE

CONSERVATION DIVISION
WICHITA, KS

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

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

Past Operator's License No. 34185

Past Operator's Name & Address: Flintstone Energy, LLC

9647 NE COLE CREEK RD. EL DORADO, KS 67042

Title: OWNER

Contact Person: David Stackley

Phone: 316-377-7775

Date: 9/23/15

Signature: David Stackley

KCC WICHITA

SEP 04 2015

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New Operator's License No. 34998

New Operator's Name & Address: ACE ENERGY LLC

11704 ABERDEEN RD.

LEAWOOD, KS 66211

Title: OPERATIONS DIRECTOR

Contact Person: PETER JEFFERIS

Phone: 217-801-2071

Oil / Gas Purchaser: Pacer Energy and Coffeyville Resources

Date: 8-20-2015

Signature: Peter Jeffery

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.

Ace Energy LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-21647 . Recommended action: None

Date: 9-22-15 Cheryl R. Beyer
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 9-22-15 PRODUCTION 9-22-15 UIC 9-22-15
Mail to: Past Operator 9-22-15 New Operator 9-22-15 District (3) 9-22-15

* Lease Name: HAWTHORNE (A)

* Location: NW/4 SEC19 TWP24S R10E

[illegible]

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

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 34998

Name: ACE ENERGY LLC

Address 1: 11704 ABERDEEN RD

Address 2:

City: LEAWOOD State: KS Zip: 66211 +

Contact Person: PETER JEFFERIS

Phone: (217) 801-2071 Fax: (816) 886-9862

Email Address: PETERJEFFERIS@GMAIL.COM

Received
KANSAS CORPORATION COMMISSION

SEP 17 2015

CONSERVATION DIVISION
WICHITA, KS

Well Location:

- - - - - NW/4 Sec. 19 Twp. 24 S. R. 10 ☒ East ☐ West

County: GREENWOOD

Lease Name: HAWTHORNE Well #: _____

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

NORTHWEST 1/4 OF SECTION 19,
TOWNSHIP 24 SOUTH, RANGE 10 EAST.

KCC WICHITA

SEP 04 2015

RECEIVED

Surface Owner Information:

Name: JERRY AND MABY DUESONBURY

Address 1: 1238 NW 100 Rd.

Address 2:

City: ATTICA State: KS Zip: 67009 +

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.

8-20-2015

Date: _____ Signature of Operator or Agent: _____

OPERATIONS DIRECTOR

Title: _____