090115_Ochs_INJ.pdf

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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,

Check Applicable Boxes: MUST be sub	omitted with this form.
✓ Oil Lease: No. of Oil Wells 2 **	Effective Date of Transfer: 9///5
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 131642
Gas Gathering System:	Lease Name: OCHS
Saltwater Disposal Well - Permit No.:	_
Spot Location: 399 feet from ✓ N / S Line	<u>SW Sec. 32 Twp. 22 R. 11 E W</u>
3062 feet from E / ✓ W Line	Legal Description of Lease: 5 V
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: STAFFORD 🗸
Number of Injection Wells **	Production Zone(s): ARbuckle V
Field Name: WILDCAF ACHARLEM	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	Constant Constant
Time of Dit. Emergency Burn Codfine	feet from E / W Line of Section Haul-Off Workover Drilling Received
Type of Pit: Emergency Burn Settling	KANSAS CORPORATION COMMISSION
Past Operator's License No. 32361 /	Contact Person: HAL KREHBIEL SEP 0.3 2015
Past Operator's Name & Address: K-BAR OIL	620-241-4670
1219 TURKEY CREEK DR., McPHERSON, KS 67460	Phone: 9///5 CONSERVATION DIVISION WICHITA, KS
OWNER	at a grahlad manage
Title:	Signature: New 7000 90 (4)
New Operator's License No. 6039	Contact Person: L. D. DAVIS
New Operator's Name & Address: L. D. DRILLING, INC.	Phone: 620-793-3051
7 SW 26 AVE., GREAT BEND, KS 67530	Oil / Gas Purchaser:
	Date: 9/1//5
Title: PRESIDENT	Signature: LDDaviz
Acknowledgment of Transfer: The above request for transfer of inject	ion authorization, surface pit permit # has been
	ion Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in	
LD Drilling Jac is acknowledged a	is acknowledged as
the new operator and may continue to inject fluids as authorized b	the new operator of the above named lease containing the surface pit
Permit No.: D-26,979 . Recommended action: Volve	permitted by No.:
<u> </u>	
Date: 9-8-15 (Level & Devu)	Date:
Authorized Signature	Authorized Signature
DISTRICT Q C IE PR 9-3-15	PRODUCTION 9.14.15 UIC 9-8-15
Mail to: Past Operator New New Operator	erator 9-8-75 District 1 7-8-75

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 131642				
* Lease Name:	OCHS		* Location: S	W Sec 32-T22s-R11w	Stafford Co., KS
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	15-185-22847 🗸	2055 FSD FNL	1620 Circle	OIL	PRODUCING
2	15-185-01053-0001 V	399 FSI FNL	3062 FEDFWL	SWD	Authorized Inj Well
3	15-185-23550	1790 FS JFNL	1130 FELFWI	OIL	PRODUCING
		FSL/FNL	FEL/FWL		•
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		504 (F) II	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		THE STREET PROPERTY OF STREET AND ADDRESS AS A
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	****	
		FSL/FNL	FEL/FWL		
	,	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	K	Received WSAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		SEP 0 3 2015
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS

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 (C	Cathodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🗌 CP-1 (Plugging Application)		
OPERATOR: License # 6039	Well Location:		
Name: L. D. DAVIS	<u>SW</u> Sec. 32 Twp. 22 S. R. 11 East 🗷 West		
Address 1: 7 SW 26 AVE	County: STAFFORD		
Address 2:	Lease Name: OCHS Well #: 1,2, & 3		
City: GREAT BEND State: KS Zip: 67530 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: L. D. DAVIS	the lease below:		
Phone: (620) 793-3051 Fax: (620) 793-7237	SW		
Email Address:			
Surface Owner Information: Name: L. D. DAVIS	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 7 SW 26 AVE.	sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	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:			
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and a 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:			
	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form 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 yner(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 KCC, 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 will be returned.		
I hereby certify that the statements made herein are true and correct to			
Date: $\hat{\mathcal{G}} - 1 - 2015$ Signature of Operator or Agent:	ania Title: President		

Received KANSAS CORPORATION COMMISSION

SEP 0.3 2015