

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm T-1  
July 2014REQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION OR SURFACE PIT PERMITForm must be Signed  
All blanks must be FilledForm 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 11 + 3 WSW
- ☐ 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.: E26730
- Entire Project: ☒ Yes ☐ No
- Number of Injection Wells 5 ..

Field Name: Colony-Welda**\*\* Side Two Must Be Completed.**Effective Date of Transfer: 10/24/2013KS Dept of Revenue Lease No.: 100150Lease Name: BurkeW/2 - NW Sec. 26 Twp. 22S R. 19 ☒ E ☐ WLegal Description of Lease: West half of the NW quarter of Section 26, Twp 22S, Range 19ECounty: AndersonProduction Zone(s): Squirrel SandstoneInjection Zone(s): Squirrel SandstoneSurface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)\_\_\_\_\_ feet from ☐ N / ☐ S Line of Section\_\_\_\_\_ feet from ☐ E / ☐ W Line of SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ DrillingPast Operator's License No. 30925Past Operator's Name & Address: Darrell Yocham dba  
Yocham Oil, 870 W. Virginia Rd, Colony, KS 66015Title: OwnerContact Person: Darrell YochamPhone: 620-365-1775Date: 8/21/15Signature: Darrell YochamReceived  
KANSAS CORPORATION COMMISSION

AUG 25 2015

CONSERVATION DIVISION  
WICHITA, KSNew Operator's License No. 33097New Operator's Name & Address: Southern Star Central Gas Pipeline  
4700 Highway 56, Owensboro, KY 42301Title: Principal EngineerContact Person: Charles McConnellPhone: 270-852-4489Oil / Gas Purchaser: N/A - Wells to be pluggedDate: 8/21/15Signature: Charles McConnell

**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.

Southern Star Central Gas Pipeline is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: E-26730. Recommended action: None  
Date: 9-8-15 Cheryl Z 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	<u>9-8-15</u>	PRODUCTION	<u>9-14-15</u>	UIC	<u>9-8-15</u>
Mail to: Past Operator	<u>9-8-15</u>	New Operator	<u>9-8-15</u>	District	<u>3</u>		<u>9-8-15</u>

## Must Be Filed For All Wells

KDOR Lease No.: 100150 ✓

Lease Name: Burke

Location: NW of 26-22S-19E

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)		
W6	15-003-21443 ✓	2686	Circle FSL/FNL	4631	Circle FEL/FWL	Injection	Active
O5	15-003-20307 ✓	3004	FSL/FNL	4639	FEL/FWL	Oil	Active
W2A	15-003-19002 ✓	3343	FSL/FNL	4651	FEL/FWL	Injection	Active
1A	15-003-19261 ✓	3672	FSL/FNL	4649	FEL/FWL	Oil	Active
WSW2	15-003-21800 ✓	3956	FSL/FNL	4620	FEL/FWL	WSW	Inactive
O10	15-003-21748 ✓	4292	FSL/FNL	4696	FEL/FWL	Oil	Inactive
O3	15-003-20298 ✓	3984	FSL/FNL	4329	FEL/FWL	Oil	Inactive
O2	15-003-20297-00-01 ✓	3653	FSL/FNL	4324	FEL/FWL	Oil	Active
O4	15-003-20304 ✓	3334	FSL/FNL	4322	FEL/FWL	Oil	Active
O6	15-003-20309-0001 ✓	2921	FSL/FNL	4272	FEL/FWL	Oil	Active
1-WSW	15-003-21440 ✓	3469	FSL/FNL	4599	FEL/FWL	WSW	Inactive
O11	15-003-21749 ✓	3332	FSL/FNL	4958	FEL/FWL	Oil	Active
O7	15-003-20314-0001 ✓	2985	FSL/FNL	4976	FEL/FWL	Oil	Active
O9	15-003-21747 ✓	4960	FSL/FNL	4672	FEL/FWL	Oil	Active
O8	15-003-21439 ✓	4636	FSL/FNL	4340	FEL/FWL	Oil	Active
WSW3	15-003-22274 ✓	4152	FSL/FNL	4784	FEL/FWL	WSW	Inactive
W1	15-003-19000 ✓	4284	FSL/FNL	4323	FEL/FWL	Injection	Active
W5	15-003-21744 ✓	3978	FSL/FNL	3965	FEL/FWL	Injection	Inactive
W7	15-003-21745 ✓	3998	FSL/FNL	4653	FEL/FWL	Injection	Active
12	15-003-02550	4248	FSL/FNL	4245	FEL/FWL	oil	In
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

A separate sheet may be attached if necessary

\* Added - C. McConnell - 9-9-15

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 # 33097  
Name: Southern Star Central Gas Pipeline  
Address 1: 4700 Highway 56  
Address 2: \_\_\_\_\_  
City: OWensboro State: KY Zip: 42301 + \_\_\_\_\_  
Contact Person: Charles McConnell  
Phone: ( 270 ) 852-4489 Fax: ( 270 ) 852-5012  
Email Address: charlie.c.mcconnell@sscgp.com

Well Location:  
\_\_\_\_\_ W2. NW Sec. 26 Twp. 22 S. R. 19 ☒ East ☐ West

County: Anderson

Lease Name: Burke

Well #: \_\_\_\_\_

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

**West half of the NW quarter of Section 26, Twp 22S, Range 19E**

Received  
KANSAS CORPORATION COMMISSION

**Surface Owner Information:**

Name: Leland Walter  
Address 1: 16630 SE Oregon Rd CONSERVATION DIVISION  
WICHITA, KS  
Address 2: \_\_\_\_\_  
City: Kincaid State: KS Zip: 66039 + \_\_\_\_\_

*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: 8/21/15

Signature of Operator or Agent: 

Title: \_\_\_\_\_

Received  
KANSAS CORPORATION COMMISSION

**AUG 25 2015**

KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513

CONSERVATION DIVISION  
WICHITA, KS