SCANNED

KANSAS CORPORATION COMMISSION 013113_Mitchell_A_INJ.pdf Form T-1 OIL & GAS CONSERVATION DIVISION 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 Effective Date of Transfer: Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: 121241 Gas Gathering System: Lease Name: Mitchell A Saltwater Disposal Well - Permit No.: __ _____ NW_Sec. 24 Twp. 22 R. 21 VETW feet from N/ S Line Legal Description of Lease: NW/4 Sec 24 T22-S, R21-E feet from E / W Line Enhanced Recovery Project Permit No.: E 29004 County: Linn Entire Project: Yes No Number of Injection Wells Burgess Production Zone(s): Field Name: Blue Mound Burgess -Injection Zone(s): ** Side Two Must Be Completed. feet from N / S Line of Section Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) E / W Line of Section Received OR Drilling KANSAS CORPORATION COMMISSION Type of Pit: Emergency Burn Settling Haul-Off nct 0.5 2015 Robert Watson Past Operator's License No. Contact Person: CONSERVATION DIVISION Phone: 210-451-5545 EnerJex Kansas, Inc. Past Operator's Name & Address: _ 4040 Broadway St, STE 508 San Antonio, TX 78209 Title: CEO Contact Person: Chris McGown 5786 ✓ New Operator's License No. Phone: (913) 795-2259 McGown Drilling, Inc. New Operator's Name & Address: . Oil / Gas Purchaser: Plains Marketing L.P. PO Box K, Mound City, KS 66056 MWc Title: Owner Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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. orillida 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 Permit No.: E-29.004 Recommended action: MIT'S permitted by No.: _ Date: 10-9-Authorized Signature Authorized Signature DISTRICT. District 3 **New Operator** Mail to: Past Operator

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

Must Be Filed For All Wells

KDOR Lease	No.: 121241		****************************		
* Lease Name:	Mitchell A		⁺ Location:\(\frac{\fin}{\fin}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}{\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{	W 24-22-2	1E
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
14	15-107-22282-0002 Y	3520 (FSL)FNL	4675 Circle	EOR	PROD
16W	15-107-22634-0001 v	3520 ESI/FNL	4840 FEI/FWL	EOR	PROD
2	<u>15-107-22280-0003</u> √	2860 (FS)/FNL	4675 EL FWL	OIL	PROD
2W	15-107-22580-0001 V	2670 FS JFNL	4840 ED/FWL	EOR	PROD
9W	15-107-22632-0001	3080 FSI/FNL	4840 EJ/FWL	EOR	PROD
		FSL/FNL	FEL/FWL	400-04-04-04-04-04-04-04-04-04-04-04-04-	
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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 (Ca	athodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🔲 CP-1 (Plugging Application)				
OPERATOR: License # 5786	Well Location:				
Name: McGown Drilling, Inc.	<u>NW</u> Sec. 24 Twp. 22 S. R. 21 X East West				
Address 1: PO Box K	County: Linn Lease Name: Mitchell A Well #: 14				
Address 2:	Lease Name: Mitchell A Well #: 14				
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of				
Contact Person: Chris McGown	the lease below: NW/4 Sec 24 T22-S, R21-E				
Phone: (913) 795-2259 Fax: ()					
Phone: (913) 795-2259 Fax: ()) Email Address: Chris.McGown@gmail.com					
Surface Owner Information:					
Name: Mitchell Family Trust	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.				
Address 1: 6909 Arthur Rd.					
Address 2:					
City: Blue Mound State: KS Zip: 66010 +					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the Select one of the following:	patteries, pipelines, and electrical lines. The locations shown on the plat				
 ✓ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and ✓ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner 	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form sing filed is a Form C-1 or Form CB-1, the plat(s) required by this demail address. Inowledge that, because I have not provided this information, the er(s). To mitigate the additional cost of the KCC performing this				
task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	CC, which is enclosed with this form.				
If choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 to the second option of the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 to the second option of the second option option option option of the second option opti	e 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 the Date: 9//1/2015 Signature of Operator or Agent:	Title: 10 5.0 of my knowledge and belief.				

Received
KANSAS CORPORATION COMMISSION

OCT 0 5 2015