

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

070115\_Covington\_1.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.: \_\_\_\_\_
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: \_\_\_\_\_

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

Effective Date of Transfer: July 1, 2015

KS Dept of Revenue Lease No.: NA

Lease Name: Covington #1

\_\_\_\_\_ NW Sec. 14 Twp. 27 R. 10 ☐ E ☒ W

Legal Description of Lease: NW/4 of Section 14-27-10W

County: Kingman

Production Zone(s): Indian Cove

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: \_\_\_\_\_ feet from ☐ N / ☐ S Line of Section  
(API No. if Drill Pit, WO or Haul)

\_\_\_\_\_ feet from ☐ E / ☐ W Line of Section

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

Past Operator's License No. 31739 ✓

Past Operator's Name & Address: Iuka Carmi Development LLC  
PO Box 847 Pratt, KS 67124

Title: Managing Member

Contact Person: Kenneth C. Gates Received  
KANSAS CORPORATION COMMISSION

Phone: (620)672-9571 Ext 9 **OCT 05 2015**

Date: 7/7/2015 CONSERVATION DIVISION  
WICHITA, KS

Signature: Kenneth C. Gates

New Operator's License No. 34469 ✓

New Operator's Name & Address: Twin M, Inc

491 NW 70Th Avenue

Kingman, KS 67958

Title: Sec/Treas Sec/Treas

Contact Person: Michial Shad Milford

Phone: 620-532-3664 620-532-6674

Oil / Gas Purchaser: \_\_\_\_\_

Date: Oct. 2, 2015

Signature: Michial Shad Milford

**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.

\_\_\_\_\_ is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: \_\_\_\_\_. Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_  
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 10-16-15 PRODUCTION 10-19-15 UIC 10-19-15  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_



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 # 31739  
Name: Iuka Carmi Development LLC  
Address 1: PO Box 847  
Address 2: \_\_\_\_\_  
City: Pratt State: KS Zip: 67124 + \_\_\_\_\_  
Contact Person: Kenneth C. Gates  
Phone: ( 620 ) 672-9571 Fax: ( 620 ) 672-9574  
Email Address: \_\_\_\_\_  
Well Location: \_\_\_\_\_ NW Sec. 14 Twp. 27 S. R. 10 ☐ East ☒ West  
County: Kingman  
Lease Name: Covington #1 Well #: \_\_\_\_\_  
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  

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KANSAS CORPORATION COMMISSION  
**OCT 05 2015**

**Surface Owner Information:**

Name: Garold & Diane Wingate  
Address 1: 14224 E Brookline Ct.  
Address 2: \_\_\_\_\_  
City: Wichita State: Ks Zip: 67230 + \_\_\_\_\_

**CONSERVATION DIVISION  
WICHITA, KS**

*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: 7-7-2015 Signature of Operator or Agent: Kenneth C. Gates Title: Manager

COVINGTON #1

**MECHANIC'S LIEN AFFIDAVIT**

**STATE OF: KANSAS**

**COUNTY OF: KINGMAN**

PRATT WELL SERVICE INC., being of lawful age and first duly sworn on oath says that they are the operator of the Oil Lease(s) described herein which they are selling to TWIN-M, INC to wit:

NW/4 OF SECTION 14-27S-10W

Affiant further states that there are no outstanding bills for labor or material furnished on or to said lease(s) by a contractor of sub-contractor within the last six months and there are no mechanics liens filed against said property.

PRATT WELL SERVICE INC

Effective Date: July 1, 2015

by: Ruth C. Hatten  
President

Subscribed and sworn before me this 7<sup>th</sup> day of July, 2015



Lori R. Blea

Notary Public

My appointment expires: 10-9-18

Received  
KANSAS CORPORATION COMMISSION

**OCT 05 2015**

CONSERVATION DIVISION  
WICHITA, KS