

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,
MUST be submitted with this form.

Check Applicable Boxes:

- Oil Lease: No. of Oil Wells 2 **
- Gas Lease: No. of Gas Wells 0 **
- Gas Gathering System: NONE
- Saltwater Disposal Well - Permit No.: N/A D3248
Spot Location: 4292 feet from N / S Line
4315 feet from E / W Line
- Enhanced Recovery Project Permit No.: E13617
Entire Project: Yes No
Number of Injection Wells 4 INJ. WELL **

Effective Date of Transfer: 10/01/2015
 KS Dept of Revenue Lease No.: 107140 ✓
 Lease Name: SANDERS ✓
 - - - - - NW Sec. 01 Twp. 25 R. 14 E W
 Legal Description of Lease: NW/4 (160 GROSS ACRES) ✓
01-T25S-R14W - STAFFORD COUNTY, KANSAS - USA
 County: STAFFORD ✓
 Production Zone(s): MISSISSIPPI AND LANSING KANSAS CITY
 Injection Zone(s): MISSISSIPPI ✓

Field Name: SEEVERS NW ✓
**** Side Two Must Be Completed.**

Surface Pit Permit No.: NONE
(API No. if Drill Pit, WO or Haul)

- feet from N / S Line of Section
 - feet from E / W Line of Section

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

Past Operator's License No. 34320 ✓
 Past Operator's Name & Address: LASSO ENERGY LLC
P.O. BOX 465, 1125 SOUTH MAIN, CHASE, KANSAS 67524
 Title: PRESIDENT

Contact Person: BRUCE D. KELSO
 Phone: 620-259-4000
 Date: 09/02/2015
 Signature: [Signature]

New Operator's License No. 35186 ✓
 New Operator's Name & Address: SUPERNOVA ENERGY, INC.
5466 CANVASBACK ROAD, BLAINE, WA 98230
klieb1@comcast.net / kenliebscher@gmail.com
 Title: X CONSULTANT

Contact Person: KEN LIEBSCHER
 Phone: 360-820-1142
 Oil / Gas Purchaser: MACLASKEY
 Date: X 9/23/15
 Signature: X [Signature]

Received
 KANSAS CORPORATION COMMISSION
OCT 12 2015
 CONSERVATION DIVISION
 WICHITA, KS

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # NONE 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.

Supernova Energy Inc is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No. D-31-248. Recommended action: NONE
 Date: 11-3-15
[Signature]
 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 10-29-15 PRODUCTION 11-2-15 UIC 11-3-15
 Mail to: Past Operator 11-3-15 New Operator 11-3-15 District 1 11-3-15

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2014

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**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 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 35186
Name: SUPERNOVA ENERGY, INC.
Address 1: 5466 CANVASBACK ROAD
Address 2: -
City: BLAINE State: WA Zip: 98230 + 0000
Contact Person: KEN LIEBSCHER
Phone: (360) 820-1142 Fax: (360) 820-1142
Email Address: kenliebscher@gmail.com

Well Location:
- - - - - NW Sec. 01 Twp. 25 S. R. 14 East West
County: STAFFORD
Lease Name: SANDERS Well #: 3, 5, & 6

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

**NW/4 (160 GROSS ACRES)
01-T25S-R14W - STAFFORD COUNTY,
KANSAS - USA**

Surface Owner Information:

Name: REBECCA DUDREY
Address 1: 1900 HARRISON STREET
Address 2: -
City: GREAT BEND State: KS Zip: 67530 + 0000

Received
KANSAS CORPORATION COMMISSION
OCT 12 2015
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: 9-23-15 Signature of Operator or Agent: [Signature] Title: [Signature]