

**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 12 + 1 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.: E23919
- Entire Project: ☒ Yes ☐ No
- Number of Injection Wells 6 ..

Field Name: Pleasant Valley ✓

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

Effective Date of Transfer: 10/05/2015

KS Dept of Revenue Lease No.: 123239 ✓

Lease Name: Fox ✓

Sec. 26 Twp. 28S R. 21 ☒ E ☐ W

Legal Description of Lease: _____

W 1/2 OF SW 1/4 S26-28-S21E ✓

County: Crawford

Production Zone(s): Cattleman

Injection Zone(s): Cattleman

Surface Pit Permit No.: _____
(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 OR ☐ Drilling

Past Operator's License No. 34871 ✓

Contact Person: Rick Carpenter

Past Operator's Name & Address: Carpenter Energy LLC
3110 Partridge Parsons KS 67357

Phone: (620)778-5419

Date: 10/05/2015

Title: Member

Signature: Rick Carpenter Received
KANSAS CORPORATION COMMISSION

New Operator's License No. 34675 ✓

Contact Person: William Holtom OCT 22 2015

New Operator's Name & Address: Holtom, Bill, A General
Partnership. 1625 S. LONGFORD LN APT 103
WICHITA KS 67207

Phone: 316-371-6885 CONSERVATION DIVISION
WICHITA, KS

Oil / Gas Purchaser: Pacer

Date: 10/05/2015

Title: Owner

Signature: Bill Holtom

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.

Holtom, Bill, A General Partnership is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-23919 . Recommended action: None

Date: 11-3-15 Cheryl R. Bayer
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>11-2-15</u>	PRODUCTION <u>11-4-15</u>	UIC <u>11-3-15</u>
Mail to: Past Operator <u>11-3-15</u>	New Operator <u>11-3-15</u>	District <u>(3)</u>	<u>11-3-15</u>

Must Be Filed For All Wells

KDOR Lease No.: 123239 ✓

* Lease Name: Fox

* Location: W 1/2 OF SW 1/4 S26-28-S21E

Well No.	API No. (YR DRLD/PRE '87)	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-WI	15-037-21304-0000 ✓	330 ^{Circle} FSL/FNL 4950 ^{Circle} FEL/FWL	INJ	ACTIVE
17	15-037-01681-0000 ✓	676 ^{Circle} FSL/FNL 676 ^{Circle} FEL/FWL	OIL	PROD
2-A	15-037-21305-0000 ✓	554 ^{Circle} FSL/FNL 5169 ^{Circle} FEL/FWL	OIL	PROD
3-A	15-037-21306-0000 ✓	569 ^{Circle} FSL/FNL 4839 ^{Circle} FEL/FWL	OIL	PROD
4-A	15-037-21307-0000 ✓	891 ^{Circle} FSL/FNL 4838 ^{Circle} FEL/FWL	OIL	PROD
10-A	15-037-21341-0000 ✓	240 ^{Circle} FSL/FNL 4524 ^{Circle} FEL/FWL	OIL	PROD
12-A	15-037-21345-0000 ✓	905 ^{Circle} FSL/FNL 4175 ^{Circle} FEL/FWL	OIL	PROD
13-A	15-037-21346-0000 ✓	579 ^{Circle} FSL/FNL 4189 ^{Circle} FEL/FWL	OIL	PROD
14-A	15-037-21347-0000 ✓	276 ^{Circle} FSL/FNL 4195 ^{Circle} FEL/FWL	OIL	PROD
15-A	15-037-21348-0000 ✓	232 ^{Circle} FSL/FNL 5185 ^{Circle} FEL/FWL	WSW	PROD
2-WI	15-037-21329-0000 ✓	660 ^{Circle} FSL/FNL 4950 ^{Circle} FEL/FWL	INJ	ACTIVE
5-WI	15-037-21336-0000 ✓	660 ^{Circle} FSL/FNL 4620 ^{Circle} FEL/FWL	INJ	ACTIVE
6-WI	15-037-21337-0000 ✓	330 ^{Circle} FSL/FNL 4620 ^{Circle} FEL/FWL	INJ	ACTIVE
8-A	15-037-21339-0000 ✓	865 ^{Circle} FSL/FNL 4520 ^{Circle} FEL/FWL	OIL	PROD
8-WI	15-037-21350-0000 ✓	660 ^{Circle} FSL/FNL 4290 ^{Circle} FEL/FWL	INJ	ACTIVE
9-A	15-037-21340-0000 ✓	579 ^{Circle} FSL/FNL 4522 ^{Circle} FEL/FWL	OIL	PROD
9-WI	15-037-21351-0000 ✓	330 ^{Circle} FSL/FNL 4290 ^{Circle} FEL/FWL	INJ	ACTIVE
1 A	15-037-01001-0000 ✓	921 ^{Circle} FSL/FNL 5128 ^{Circle} FEL/FWL	OIL	PROD
16	15-037-01000-0000 ✓	243 ^{Circle} FSL/FNL 4908 ^{Circle} FEL/FWL	OIL	PROD
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		

Received
KANSAS CORPORATION COMMISSION

OCT 22 2015

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

**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 # 34871
Name: Carpenter Energy LLC
Address 1: 3110 Partridge Parsons KS 67357
Address 2: _____
City: Parsons State: KS Zip: 67357 + _____
Contact Person: Ricky Carpenter
Phone: (620) 778-5419 Fax: (_____) _____
Email Address: _____

Well Location:
_____ Sec. 26 Twp. 28 S. R. 21 ☒ East ☐ West
County: Crawford
Lease Name: Fox Well #: _____

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

W 1/2 OF SW 1/4 S26-28-S21E

Surface Owner Information:

Name: Joey J. O'Brien
Address 1: 23600 110th RD
Address 2: _____
City: St. Paul State: KS Zip: 66771 + _____

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: 10/05/2015 Signature of Operator or Agent: [Signature] Title: Member