

KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION 090114_Arbuckle_Short.pdf

Form T-1

July 2014

Must be Typed

Form must be Signed

All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMITForm 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 _____ **
- ☐ 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: 9/01/2014KS Dept of Revenue Lease No.: 105753 ✓Lease Name: Arbuckle/ShortNE - NE - SW - Sec. 28 Twp. 21 R. 7 ☐ E ☒ WLegal Description of Lease: SW 1/4 of Sec 28NW 1/4 of Sec 28County: RiceProduction Zone(s): Mississippi

Injection Zone(s): _____

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 SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OR ☐ DrillingPast Operator's License No. 32556 ✓Contact Person: Doug RehPast Operator's Name & Address: Reh Oil & Gas LLCPhone: 620-672-81111501 E First St Pratt KS 67124Date: 11-12-15Title: Managing MemberSignature: Douglas RehNew Operator's License No. 35119Contact Person: Jim KraftNew Operator's Name & Address: Kraft Oil & Gas LLCPhone: 785-252-7030413 S Main Pratt KS 67124Oil / Gas Purchaser: JP Falco**KCC WICHITA****NOV 16 2015**Date: 11-12-15**RECEIVED**Title: Managing MemberSignature: Jim Kraft

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 12-3-15 PRODUCTION DEC 04 2015 UIC 12-4-15
Mail to: Past Operator _____ New Operator _____ District _____

* Location: SW & NW 1/4 of Sec 28

KCC WICHITA
NOV 16 2011
RECEIVED

* 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
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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 # 35119
Name: Kraft Oil & Gas LLC
Address 1: 413 S Main
Address 2: _____
City: Pratt State: KS Zip: 67124 + _____
Contact Person: Jim Kraft
Phone: (785) 252-7030 Fax: (620) 672-5280
Email Address: lferrell@profsecservices.com

Well Location:
NE NE SW Sec. 28 Twp. 21 S. R. 7 ☐ East ☒ West
County: Rice County
Lease Name: Arbuckle/Short Well #: 1

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

W2

KCC WICHITA

Surface Owner Information:

Name: Barbara Randolph
Address 1: 2065 Ave X
Address 2: _____
City: Sterling State: KS Zip: 67579 + _____

NOV 16 2015

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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: 11-18-15 Signature of Operator or Agent: [Signature] Title: Managing Member