KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

090115_Madden.pdf Form must be Typed

Form T-1 July 2014 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,

Check Applicable Boxes:	ed with this form.		
✓ Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 140394 Lease Name: Madden		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: 990 feet from V N / S Line	<u>SW _ NE _ NE _ Sec32 _ Twp15 _ R17 E </u>		
990 feet from 🗸 E / _ W Line	Legal Description of Lease: <u>SW - NE- NE</u>		
Enhanced Recovery Project Permit No.:	Sec. 32-15-17 W		
Entire Project: Yes No	County: Ellis		
Number of Injection Wells **	Production Zone(s): Topeka-Oread		
Field Name: South of River			
Field Name:*** Side Two Must Be Completed.	Injection Zone(s):		
1920 STEEL CONTROL OF STEEL ST	A V C C Line of Continu		
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. 33922	Contact Person: Rodney Brin		
Mustana Energy Corporation	Phone: 785-623-0533		
Pasi Operator s Name & Address.	Date: 10-16-2015 OCT 3 0 2015		
PO Box 1121, Hays, KS (2760)	Date: Name RECEIVED		
Title: President	Received Received		
	KANSAS CORPORATION COMMISSION		
New Operator's License No. 33864	Contact Person: Irvin E. Haselhorst DEC 0 9 2015		
New Operator's Name & Address: Habit Petroleum LLC	Phone: 785-623-1154 CONSERVATION DIVISION		
PO Box 243, Hays, KS 67601	Oil / Gas Purchaser: Cappeyville Resources		
	Date: 10-19-2015		
Title: Owner	Signature: Plum E. Mallfford		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
is acknowledged as	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.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
DISTRICT EPR /2-/5-/5	PRODUCTION 12.16.15 UIC 12-16-15		
Mail to: Past Operator New Operator	orDistrict		

Side Two

Must Be Filed For All Wells

	ease No.: 140394 ame: Madden		* Location:	SW-NE-NE S	a, 32-15-17 h
Well No. API No. (YR DRLD/PRE '67)		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	/5 -051-25-891-00-00√	990 Circle	990 Circle	Oil	Pros.
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
			FEL/FWL	KANSAS	S CORPORATION COMMISSION
		FSL/FNL			DEC 0 9 2015 INSERVATION DIVISION
		FSL/FNL	FEL/FWL		WICHITA, KS
		FSL/FNL	FEL/FWL		MICHITA
		FSL/FNL	FEL/FWL		NICHITA
		FSL/FNL	FEL/FWL	_	30 2015
		FSL/FNL	FEL/FWL	RE	CEIVED
		FSL/FNL	FEL/FWL		<u> </u>
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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 2010 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 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 33922	Well Location:
Name: Mustang Energy Corporation	SW_NE_NE_Sec. 32 Twp. 15 S. R. 17 East X West
Address 1: PO Box 1121	County: Ellis
	Lease Name: Madden Well #: 1
Address 2:	
	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Contact Person: Rod Brin	
Phone: (785) 623-0533 Fax: () Received Email Address: KANSAS CORPORATION CON	MOISSION
Email Address: Received Received Control Received R	ME
DEC 0 9 20	[]3
Surface Owner Information: Name: Lee Madden CONSERVATION D CONSERVATION D CONSERVATION D CONSERVATION D CONSERVATION D	WISION
Name: Lee Madden CONSERVATIA, K	S When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 2006 Main St Terr	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
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: Hays State: KS Zip: 67601 +	
 the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). 	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this
form and the associated Form C-1, Form CB-1, Form T-1, or Form CF	
I hereby certify that the statements made herein are true and correct to Date: 12-7-15 Signature of Operator or Agent:	Title: President
Date Signature of Operation of Agent	——————————————————————————————————————