

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

100115\_Prosser\_INJ.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.: E-28100  
Entire Project: ☒ Yes ☐ No  
Number of Injection Wells 1 \*\*

Field Name: NEODESHA ✓

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

Effective Date of Transfer: 10/01/2015

KS Dept of Revenue Lease No.: 100959 ✓

Lease Name: PROSSER ✓

       -        -        Sec. 26 Twp. 30 R. 16 ☒ E ☐ W

Legal Description of Lease: W 1/2 NW 1/4 26-30S-16E ✓

County: WILSON ✓

Production Zone(s): BARTLESVILLE

Injection Zone(s): BARTLESVILLE ✓

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KCC DIST # 3  
OCT 10 2015  
CHANUTE, KS**

Surface Pit Permit No.:         
(API No. if Drill Pit, WO or Haul)

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

Past Operator's License No. 31941 ✓

Past Operator's Name & Address: 3 B ENERGY, INC  
PO BOX 354, NEODESHA, KS 66757

Title: PRESIDENT

Contact Person: SHARON WOHLER

Phone: 620-779-0153

Date: 10/1/2015

Signature: Connie Burkhead ✓

New Operator's License No. 35122 ✓

New Operator's Name & Address: ~~KSMS OIL, LLO~~ Lakeshore Operating LLC  
311 W SUPERIOR ST, SUITE 217 13505 S Main Rd Ste 105-182

CHICAGO, IL 60654 Olathe, KS

Title: President

Contact Person: WESLEY KETCHAM

Phone: 773-754-6242

Oil / Gas Purchaser: COFFEYVILLE RESOURCES

Date: October 1st 2015

Signature: [Signature]

**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.

Lakeshore Operating LLC is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: E-28100 . Recommended action: NONE

Date: 12-7-15 Cheryl L. Berger  
Authorized Signature

       is acknowledged as  
the new operator of the above named lease containing the surface pit  
permitted by No.:        .

Date:                
Authorized Signature

DISTRICT        RPR 12-4-15 PRODUCTION 12-8-15 UIC 12-7-15  
Mail to: Past Operator 12-7-15 New Operator 12-7-15 District ③ 12-7-15

***Must Be Filed For All Wells***

OCT 10 2015

W/2 NiW

\* Lease Name: **PROSSER**

\* Location: SEC 26 TWN 30 RNG 16E

**KCC WICHITA**

DEC 03 2015

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\* 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 # 31941  
Name: 3 B ENERGY, INC  
Address 1: PO BOX 354  
Address 2: 315 MILL ST  
City: NEODESHA State: KS Zip: 66757 + \_\_\_\_\_  
Contact Person: SHARON WOHLER  
Phone: ( 620 ) 779-0153 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: skw6972go@gmail.com

Well Location:  
\_\_\_\_\_ Sec. 26 Twp. 30 S. R. 16 ☒ East ☐ West  
County: WILSON  
Lease Name: PROSSER Well #: 201, 9

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

W/2 NW/4 26-30S-16E

RECEIVED  
KCC DIST # 3

OCT 10 2015

**Surface Owner Information:**

Name: WAYNE PROSSER  
Address 1: PO BOX 85  
Address 2: \_\_\_\_\_  
City: NEODESHA State: KS Zip: 66757 + \_\_\_\_\_

KCC WICHITA

DEC 03 2015

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CHANUTE, 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: 10/1/2015 Signature of Operator or Agent: Connie Burkhead Title: PRESIDENT