

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

110115\_Meyer.pdf

Form T-1  
March 2010

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 \_\_\_\_\_ \*\*
- ☒ Gas Lease: No. of Gas Wells 1 \*\*
- ☐ Gas Gathering System: \_\_\_\_\_
- ☐ Saltwater Disposal Well - Permit No.: \_\_\_\_\_
- Spot Location: 4950 feet from ☐ N / ☒ S Line
- 1710 feet from ☒ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Ritz Canton

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

Effective Date of Transfer: 11/1/2015

KS Dept of Revenue Lease No.: 631160 208887

Lease Name: Meyer

NE - NW - NE Sec. 24 Twp. 20S R. 2 ☐ E ☒ W

Legal Description of Lease: N2 NE4

County: McPherson

Production Zone(s): Mississippian

Injection Zone(s): \_\_\_\_\_

KCC WICHITA  
NOV 09 2015  
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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 ☒ Drilling

Past Operator's License No. 4873

Contact Person: Doug Ward

Past Operator's Name & Address: D & R Well Service,  
1224 20th Ave Galva, Kansas 67443

Phone: 620-654-6257

Date: 11/1/2015

Title: President

Signature: Douglas Ward

New Operator's License No. 30979

Contact Person: Russell Nightingale

New Operator's Name & Address: RJ Operating Co.  
1380 24th Ave, Galva, Kansas 67443

Phone: 620-245-8914

Oil / Gas Purchaser: \_\_\_\_\_

Date: 11/1/2015

Title: President

Signature: Russell Nightingale

**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 12-2-15 PRODUCTION DEC 04 2015 UIC 12-3-15  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2010  
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 # 4873  
Name: D & R Well Service, Inc.  
Address 1: 1224 20th Ave  
Address 2: \_\_\_\_\_  
City: Galva State: KS Zip: 67443 + 5015  
Contact Person: Doug Ward  
Phone: (620) 654-6257 Fax: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
NE NW NE Sec. 24 Twp. 20S S. R. 2 ☐ East ☒ West  
County: McPherson  
Lease Name: Meyer Well #: 1

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

**KSONA FEE  
PAID**

**KCC WICHITA  
NOV 09 2015  
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**Surface Owner Information:**

Name: Grace E Meyer ✓  
Address 1: 1405 Chelle Street  
Address 2: \_\_\_\_\_  
City: Eldorado State: KS Zip 67042 + 4914

*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 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: 11/1/2015 Signature of Operator or Agent: Douglas Ward Title: President