

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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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: American Energies Gas Service
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: 990 feet from ☐ N / ☒ S Line
- 1650 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.: 209186 ✓

Lease Name: Nightingale

NE-SW-SE - Sec 13 Twp. 20S R. 2 ☐ E ☒ W

Legal Description of Lease: S/2 SE/4 section

13-T20S-R2W

County: McPherson

Production Zone(s): Mississippian

Injection Zone(s): _____

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Surface Pit Permit No.: P07584
(API No. if Drill Pit, WO or Haul)

990 feet from ☐ N / ☒ S Line of Section

80 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, Inc.

Phone: 620-654-6257

1224 20th Ave, Galva, Ks 67443

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.

Phone: 620-245-8914

1380 24th Ave. Galva, Kansas 67443

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 # P07584 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

RJ Operating Co. is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: P07584
Date: 12/2/15 11/1/2015 Olivia Ligon
Authorized Signature CC: Kathy

DISTRICT _____ EPR 12-2-15 PRODUCTION DEC 04 2015 UIC 12-3-15
Mail to: Past Operator 12-7-15 New Operator 12-7-15 District # 2 12-7-15

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

* Location: S/2 SE/4 Section 13-T20S-R2W

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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 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 + _____
Contact Person: Doug Ward
Phone: (620) 654-6257 Fax: (_____) _____
Email Address: _____

Well Location:
NE-SWSE Sec 13 Twp. 20S R. 2 ☒ East ☐ West
County: McPherson
Lease Name: Nightingale Well #: 1

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

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July 09 2015
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Surface Owner Information:

Name: Dorothy Nightingale
Address 1: 2362 Dakota Road
Address 2: _____
City: Galva State: KS Zip: 67443 + _____

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