KANSAS CORPORATION COMMISSION 10105_Wm_Casement_INJ.pdf OIL & GAS CONSERVATION DIVISION Form must

ent_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,

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Production Zone(s): Wayside Injection Zone(s): Wayside		
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1011		
5		

Side Two

Must Be Filed For All Wells

KDOR Lease	_{3 No.:} 100276				
* Lease Name:	Wm Casement		* Location:S	SE 1/4 Sec 9-34S-11	E
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2A	15-019-25120-00-02	372 ESL/FNL	1160 (FEL/FWL	Inj	TA'D
3	15-019-25200-00-00	495 FSL/FNL	165 FELFWL	Oil	TA'D
4	15-019-25250-00-00	365 FSL/FNL	805 FEL/FWL	Oil	TA'D
5	15-019-24587-00-00	1015 FSI/FNL	615 FEL FWL	Oil	TA'D
6	15-019-20790-00-00	660 FSL/FNL	520 FEL/FWL	Oil	TA'D
6-1	15-019-19908-00-00	1165 (FSL/FNL	1805 FEL/FWL	Oil	TA'D
10	15-019-19887-00-01	1109 FSI/FNL	990 FEV FWL	Oil	TA'D
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL	KA	Received NSAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		NOV 2 0 2015
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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

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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 (Ca	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 31124			
	Well Location:		
Name: Tim Doty Address 1: P.O. Box 117			
	County: Chautauqua		
Address 2:	Lease Name: Wm Casement Well #:		
City: Sedan State: KS Zip: 67361 + Contact Person: Tim Doty	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: 1111 Doty	the lease below: SE 1/4 Sec 9-34S-11E		
Phone: (620) 331-9791 Fax: ()	0E 1/4 000 3 040*11E		
Email Address: tdotoil@yahoo.com			
Received			
Surface Owner Information: KANSAS CORPORATION COMMISSION			
Name: Tim Doty NOV 2 0 2015	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: P.O. Box 117 CONSERVATION DIVISION	sheet listing all of the information to the left for each surface owner. Surfac owner information can be found in the records of the register of deeds for th county, and in the real estate property tax records of the county treasurer.		
Address 2: WICHITA, KS			
City: Sedan State: KS Zip: 67361 +	,, , , , , , , , , , , , , , , , , , ,		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodi the KCC with a plat showing the predicted locations of lease roads, tank to are preliminary non-binding estimates. The locations may be entered on	batteries, pipelines, and electrical lines. The locations shown on the plat		
Select one of the following:	, , , , , , , , , , , , , , , , , , ,		
I certify that, pursuant to the Kansas Surface Owner Notice Accowner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	rated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ping filed is a Form C-1 or Form CB-1, the plat(s) required by this		
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	er(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to the	ne best of my knowledge and belief.		
11/1/2015	owner		
Date: Signature of Operator or Agent:	Owner Title:		