### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

120115\_Laurie.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,
MIST be submitted with this form.

Check Applicable Boxes: MUST be subm	nitted with this form.		
✓ Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
Gas Lease: No. of Gas Wells**			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:	S/2 _ SE _ SW_Sec. 6 _ Twp13 _ R14 E 🗸 W		
Spot Location: feet from N / S Line	Legal Description of Lease: E/2 SW/4 and S/2 SE/4 exc. 2-acre tract		
feet from E / W Line	1		
Enhanced Recovery Project Permit No.:	in Sec. 6, Twp. 13, R. 14 West  County: Russell  Production Zone(s): Lansing		
Entire Project: Yes No			
Number of Injection Wells **			
Field Name: Salt Creek			
** Side Two Must Be Completed.	11,00001 2010(0).		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
Past Operator's License No. 33905 /	Contact Person: Dennis Davidson		
Past Operator's Name & Address: Royal Drilling, Inc.	Phone: 785-324-0502		
719 Witt Avenue, P. O. 342, Russell, KS 67665	Date: 11/30//5		
Title: Director	Signature: V.P.		
New Operator's License No. 34278 /	Contact Person: Shawn D. Evans		
New Operator's Name & Address: Shawn D. Evans, Inc., dba ACE Oil Company	Phone: 785-324-0502 Received		
18529 Walters Road	Oil / Gas Purchaser: KANSAS CORPORATION COMMISSIO		
Russell, KS 67665-0606	Date: 11-30-15 DEC 02 2015		
Title: Director	Signature: Shawn 0. Euro CONSERVATION DIVISION WICHITA, KS		
Acknowledgment of Transfer: The above request for transfer of injection			
	on Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the	le above injection well(s) or pit permit.		
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 12-30-15	PRODUCTION 12-31-15 UIC 12-31-15		
Mail to: Don't Operator New Oper	rator District		

#### Side Two

#### Must Be Filed For All Wells

Lease Name:	Laurie	* Location: _ S/2 SE SW 6-13-14W			
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/Abandone
1	15-167-00418-0001	330 FSL FNL	3300 FEL FWL	Oil	Prod
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
,		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
			FEL/FWL	KA	Received NSAS CORPORATION COMMISSION
		FSL/FNL			DEC 0 2 2015
	<del></del>	FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		And the state of t
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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 2014
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 (Catt	hodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🗌 CP-1 (Plugging Application)		
OPERATOR: License # 34278  Name: Shawn D. Evans, Inc., dba ACE Oil Company  Address 1: 18529 Walters Road  Address 2: P. O. Box 606  City: Russell State: KS Zip: 67665 + 0606  Contact Person: Shawn D. Evans  Phone: ( 785 ) 324-0502 Fax: ( 785 ) 445-3789  Email Address:	Well Location:S/2_SE_SW_Sec6Twp13SR14East ▼ West County: Russell  Lease Name: Laurie		
Surface Owner Information:  Name: Patrick R. and Elaine Hilger  Address 1: 207 Amber Drive  Address 2:  City: Russell  State: KS  Received			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the Select one of the following:	atteries, pipelines, and electrical lines. The locations shown on the plat he Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loca CP-1 that I am filing in connection with this form; 2) if the form bei form; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Forming 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 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 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 fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v			
I hereby certify that the statements made herein are true and correct to the	e best of my knowledge and belief.  President		
Date: 11-30-15 Signature of Operator or Agent: 5 Shaum			