

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

120715_Allen_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.: E10447
- Entire Project: ☐ Yes ☒ No
- Number of Injection Wells 6 **

Field Name: WAYSIDE-HAVANA

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

Effective Date of Transfer: 12/7/15

KS Dept of Revenue Lease No.: 100757 ✓

Lease Name: ALLEN

Sec. 5 Twp. 34s R. 14 ☒ E ☐ W

Legal Description of Lease: SW/4 OF 5-34-14

County: MONTGOMERY

Production Zone(s): WAYSIDE

Injection Zone(s): WAYSIDE

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. 8839 Exp. 8/30/85

Contact Person: JACK HORTON

Past Operator's Name & Address: HORTON OIL COMPANY

Phone: 620-249-4476

RR#1, INDEPENDENCE KS 67301

Date: 12/07/2015

Title: OPERATOR approved per legal to transfer

Signature: [Signature]

KCC WICHITA

DEC 08 2015

New Operator's License No. 31486 ✓

Contact Person: JACK HORTON

RECEIVED

New Operator's Name & Address: JACK HORTON

Phone: 620-249-4476

1962 CR 3000

Oil / Gas Purchaser: COFFEYVILLE RESOURCES

INDEPENDENCE, KS 67301

Date: 12/07/2015

Title: OPERATOR

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.

JACK HORTON is acknowledged as
the new operator and may continue to inject fluids as authorized by

Permit No.: E-10,447 Recommended action: _____

Need Plugging Records Completed
Date: 1-15-16 Cheryl L. Boyer
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 <u>01/04/16</u>	PRODUCTION <u>1-15-16</u>	UIC <u>1-15-16</u>
Mail to: Past Operator <u>1-15-16</u>	New Operator <u>1-15-16</u>	District <u>(3)</u>	<u>1-15-16</u>

* Lease Name: ALLEN * Location: 5-34-14E

KCC WICHITA
DEC 08 2015
RECEIVED

* 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.

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Form KSONA-1

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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 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 31486
Name: JACK HORTON
Address 1: 1962 CR 3000
Address 2: _____
City: INDEPENDENCE State: KS Zip: 67301 + _____
Contact Person: JACK HORTON
Phone: (620) 247-4476 Fax: (_____) _____
Email Address: _____

Well Location:
_____ Sec. 5 Twp. 34 S. R. 14 ☒ East ☐ West
County: MONTGOMERY
Lease Name: ALLEN Well #: _____

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

ACTIVE WELL NUMBERS: H-112A AND 35

SW/4

Surface Owner Information:

Name: CW POWELL TRUST
Address 1: 647 E NOTTINGHAM
Address 2: _____
City: SPRINGFIELD State: MO Zip: 65810 + _____

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: 12-7-15 Signature of Operator or Agent: [Signature] Title: Operator