KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

010116_Rous.pdf

July 2014 F 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 Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: __124511 Gas Gathering System: Lease Name: Rous Saltwater Disposal Well - Permit No.: ___ NW _ SE _ NW _ _Sec. __28 _Twp. __16S__R. __11 ___ E ✓ W feet from N / S Line Legal Description of Lease: S/2 NW/4 28-16S-11W feet from | E / | W Line Enhanced Recovery Project Permit No.: County: Barton County, Kansas Entire Project: Yes No Number of Injection Wells Production Zone(s):_ Field Name: _Kraft-Prusa Injection Zone(s):_ ** Side Two Must Be Completed. 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 / Dennis Dreiling Past Operator's License No. Contact Person: Past Operator's Name & Address: J. D. Dreiling Oil, Inc. Phone: 620-587-3658 215 6th St, Claflin, Kansas 67525 Title: Operator Contact Person: Max Folk New Operator's License No. Received

KANSAS CORPORATION COMMISSION New Operator's Name & Address: Max Lee Folk d/b/a Folk Oil Phone: 785-252-3300 205 North County Road, Holyrood, Kansas 67450 Oil / Gas Purchaser: CHS Energy Refinery Supply CONSERVATION DIVISION Date: 1-16-16 Title: Operator Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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 the new operator of the above named lease containing the surface pit __ . Recommended action: permitted by No.: ____ Date: Authorized Signature Authorized Signature DISTRICT -Mail to: Past Operator _ **New Operator**

Side Two

Must Be Filed For All Wells

| * Lease Name: | Rous | | *Location: Barton County, 28-16S-11W | | | |
|---------------|------------------------------|--------------|--------------------------------------|-----------------------------------|--|--|
| Lease Name: | | | * Location:t | Santon County, 20-103- | - I I # # | |
| Well No. | API No. (YR DRLD/PRE '67) | | n Section Line from South Line) | Type of Well (Oil/Gas/INJ/WSW) | Well Status (PROD/TA'D/Abandoned) | |
| 1 | 15-009-24056 | 3630 FSL)FNL | 3830 FEDFWL | 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 | | | |
| <u></u> | | 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 | | | | |
| | | FSL/FNL | FEL/FWL | | Received KANSAS CORPORATION COMMISSION | |
| | | FSL/FNL | FEL/FWL | | JAN 25 2016 | |
| | | | | | CONSERVATION DIVISION WICHITA, KS | |
| | | 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

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 | (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application) | | |
|--|---|--|--|
| OPERATOR: License # 7757 | Well Location: | | |
| Name: Max Lee Folk d/b/a Folk Oil | NW_SE_NWSec. 28 Twp. 16S_S. R. 11 East X West | | |
| Address 1: 205 North County Road | County: Barton | | |
| Address 2: | Lease Name: Rous Well #: 1 | | |
| City: Holyrood State: KS Zip: 67450 + | If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: S/2 NW/4 28-16-11W | | |
| Contact Person: Max Folk, Operator | | | |
| Phone: (785) 252-3300 Fax: () | | | |
| Email Address: | | | |
| Surface Owner Information: Name: Elise Beck Address 1: 1912 Cyprus Lane | When filing a Form T-1 involving multiple surface owners, attach an additional | | |
| Address 1: 1912 Cyprus Lane | 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. | | |
| Address 2: | | | |
| the KCC with a plat showing the predicted locations of lease roads, tan | odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat | | |
| are preliminary non-binding estimates. The locations may be entered of Select one of the following: | on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. | | |
| owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a | | | |
| KCC will be required to send this information to the surface or | acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this s of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. | | |
| 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- | g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned. | | |
| I hereby certify that the statements made herein are true and correct to | o the best of my knowledge and belief. | | |
| Date: 1-14-16 Signature of Operator or Agent: Wonm | Wheeley Title: Tresider Bosonied | | |
| | Received KANSAS CORPORATION COMMISSI | | |

JAN 25 2016

CONSERVATION DIVISION WICHITA, KS