

**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: \_\_\_\_\_
- Saltwater Disposal Well - Permit No.: \_\_\_\_\_
- Spot Location: \_\_\_\_\_ feet from  N /  S Line  
\_\_\_\_\_ feet from  E /  W Line
- Enhanced Recovery Project Permit No.: \_\_\_\_\_
- Entire Project:  Yes  No
- Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: LOST SPRINGS

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

Effective Date of Transfer: JANUARY 1, 2016

KS Dept of Revenue Lease No.: 213033

Lease Name: SHIELDS

-NW - NW - SE Sec. 6 Twp. 18 R. 5  E  W

Legal Description of Lease: E/2 SE/4 AND SW/4 AND  
W/2 SE SEC 6-T18-R5E

County: MARION

Production Zone(s): WABAUNSEE

Injection Zone(s): \_\_\_\_\_

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 ol  Drilling

Past Operator's License No. 30253 ✓

Contact Person: JAMES HAVER

Past Operator's Name & Address: CYCLONE PETROLEUM, INC  
1030 W. MAIN, JENKS, OK 74037

Phone: 918-291-3200

Title: PRESIDENT

Date: JANUARY 8, 2016

Signature: \_\_\_\_\_

KCC WICH

JAN 25 2016

RECEIVED

New Operator's License No. 35276 ✓

Contact Person: BOB ROBINSON

New Operator's Name & Address: B&N GAS COMPANY LLC  
1870 N. XAVIER

Phone: 620-382-7565

MARION, KS 66861

Oil / Gas Purchaser: SHAWMAR OIL & GAS COMPANY

Title: PRESIDENT

Date: JANUARY 8, 2016

Signature: Bob Robin

**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.

\_\_\_\_\_ is acknowledged as  
the new operator and may continue to inject fluids as authorized by

Permit No.: \_\_\_\_\_ . Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

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 2-10-16 PRODUCTION FEB 11 2016 UIC FEB 11 2016  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_



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)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # 30253  
Name: CYCLONE PETROLEUM, INC.  
Address 1: 1030 W. MAIN ST.  
Address 2: \_\_\_\_\_  
City: JENKS State: OK Zip: 74037 + \_\_\_\_\_  
Contact Person: JAMES HAVER  
Phone: (918) 291-3200 Fax: (918) 291-3220  
Email Address: LORDHAVER@GMAIL.COM

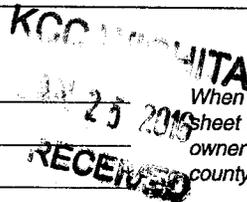
Well Location:  
NW-NW-SE Sec. 6 Twp. 18 S. R. 5  East  West  
County: MARION  
Lease Name: SHIELDS Well #: 1

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

E/2 SE/4 AND SW/4 AND W/2 SE  
SEC. 6-T18-R5E

**Surface Owner Information:**

Name: SHIELDS FARM  
Address 1: C/O KENNETH SHIELDS  
Address 2: 2828 300TH  
City: LINCOLNVILLE State: KS Zip: 66858 + \_\_\_\_\_



*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: 1-8-16 Signature of Operator or Agent: [Signature] Title: President