

**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 3 **
- 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.: E/5300
- Entire Project: Yes No
- Number of Injection Wells 1 **

Field Name: Catherine South ✓

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

Effective Date of Transfer: 11/01/2015

KS Dept of Revenue Lease No.: 108086

Lease Name: Catherine South Unit ✓

_____ Sec. 14 Twp. 13 R. 17 E W

Legal Description of Lease: NW/4 Sec. 15

NW, W/2 E/2, SW Sec. 14, Twp. 13, R. 17 W

County: Ellis

Production Zone(s): Lansing

Injection Zone(s): Lansing - Kansas City

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Surface Pit Permit No.: P10355
(API No. if Drill Pit, WO or Haul)

2970 feet from N / S Line of Section

3630 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: 785-483-3195

719 Witt Ave., P. O. Box 342, Russell, KS 67665

Date: 10/26/15

Title: Director

Signature: [Signature]

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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

18529 Walters Road

Oil / Gas Purchaser: Coffeyville Resources

Russell, KS 67665-0606

Date: 10-27-15

Title: President

Signature: Shawn D. Evans

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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.

Shawn D Evans Inc dba ACE OIL COMPANY 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.: E-15,300 . Recommended action: None

permitted by No.: _____

Date: 1-25-16 Cheryl Bayer
Authorized Signature

Date: _____
Authorized Signature

DISTRICT _____	EPR <u>22-16</u>	PRODUCTION <u>JAN 25 2016</u>	UIC <u>1-25-16</u>
Mail to: Past Operator <u>1-25-16</u>	New Operator <u>1-25-16</u>	District <u>4</u>	<u>1-25-16</u>

Must Be Filed For All Wells

KDOR Lease No.: 108086

* Lease Name: Catherine South Unit * Location: NW/4 14-13-17W SENEW

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/Abandoned)
		Circle FSL/FNL	Circle FEL/FWL		
Schuetz					
1	15-051-05441 ✓	3630 (FSL) /FNL	2970 (FEL) /FWL	Oil	Prod
2	15-051-05442-0001 ✓	2965 (FSL) /FNL	3758 (FEL) /FWL	Inj	A-I
		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		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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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.

Must Be Filed For All Wells

KDOR Lease No.: 108086

* Lease Name: Catherine South Unit * Location: NW/4 14-13-17W N3SW

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/Abandoned)
		Circle FSL/FNL	Circle FEL/FWL		
Kuhn					
1	15-051-05440 ✓	2310 FSL/FNL	2970 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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

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Must Be Filed For All Wells

KDOR Lease No.: 108086

* Lease Name: Catherine South Unit * Location: NW/4 14-13-17 W 1/2 E/2

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/Abandoned)
Karlin				
		<i>Circle</i> FSL/FNL	<i>Circle</i> FEL/FWL	
1	15-051-00602-0001	3630 (FSL/FNL)	2110 (FEL/FWL)	Oil * Plugged by 33905 TAB 12/12/11
2	15-051-05443/	4290 (FSL/FNL)	2310 (FEL/FWL)	Oil Prod
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	* Plugged wells are not transferred unless plugged by the new operator.
		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	
		FSL/FNL	FEL/FWL	

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* 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) 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: daevans@ruraltel.net

Well Location:
_____ Sec. 14 Twp. 13 S. R. 17 East West
County: Ellis
Lease Name: Catherine South Unit Well #: 1

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
**NE/4 SE/4 NW/4 Sec. 15, Twp. 13, R. 17 West
S/2 SE/4 NW/4 and NE/4 SE/4 NW/4 and
W/2 E/2 and NE/4 NE/4 SW/4, all in 14-13-17**

Surface Owner Information:

Name: See Attached Sheet
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

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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: 10-27-15 Signature of Operator or Agent: Shawn D. Evans Title: President

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Catherine South Unit Lease:

Surface Owner Information:

Phil C. and Brenda S. Schmeidler
2320 Catharine Road
Hays, KS 67601

Francis J. Karlin Rev. Living Trust
4009 Cutting Horse St. North
Las Vegas, NV 89032

Henrietta A. Kuhn
1212 Fern Street
Victoria, KS 67671

Wilfric J. and Alfreda C. Karlin
Family Ltd. Partnership
1963B Emmeram Road
Hays, KS 67601

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