KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

121515_Knoll.pdf Form must be Typed
Form must be Signed
All blanks must be Filled

Form T-1

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,

Check Applicable Boxes: MUST be submit	tted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:December 15, 2015		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:		
Gas Gathering System:	Lease Name: Knoll		
Saltwater Disposal Well - Permit No.:	14		
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: South 280 acres of the West half of		
Enhanced Recovery Project Permit No.:	Sec. 26 Twp. 10S R. 25W		
Entire Project: Yes No	County: Graham		
Number of Injection Wells **	Production Zone(s): KC and Toronto		
Field Name: Ambrose Southeast	Nama		
** Side Two Must Be Completed.	Injection Zone(s): None		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)			
Type of Pit: Emergency Burn Settling	feet from E / W Line of Section Haul-Off Workover L Drilling		
Past Operator's License No. $34991 E \times \rho$. $10/30/15$	Contact Person: D. Dean Anderson		
Past Operator's Name & Address: Anderson Exploration, LLC	Phone: 316.841.7363		
168 S. Lark Ln. Wichita, KS 67209	Date: 12/15/2015		
Title: CEO			
Title.	Signature: (F. J. Can Syndian		
New Operator's License No. 33704 Approved - Legal	Contact Person: Darrel M. Anderson		
New Operator's Name & Address: A & A Discovery, LLC Received 748 S. 4th St., Hill City, KS 67642 KANSAS CORPORATION COMMIS	SIOR hone: 785-567-6144		
	Oil / Gas Purchaser: CHS		
JAN 0 6 2010	Date: 12-19-2/5		
Title: Owner CONSERVATION DIVISION WICHITA, KS	Date:		
Title: Owner WICHITA, KS	Signature: Cerpersen		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been		
noted, approved and duly recorded in the records of the Kansas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the a	bove 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 _2-4-16 P	PRODUCTION 2.5.16 UIC 2-5-16		
Mail to: Past Operator New Operato	r District		

Side Two

Must Be Filed For All Wells

* Lease Name:				2-SW-SE-NW Sec. 2 5 1	wp. 10S R. 25W
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)
26-1	15-065-24052-00-00	2310 Circle	1950 Circle	Oil	Prod
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/F W L		
		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		
		FSL/FNL	FEL/FWL .		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KANSAS OOR	ceived
		FSL/FNL	FEL/FWL		Ceived RATION COMMISSION
		FSL/FNL	FEL/FWL	CONSERVAT	0 6 2016
		FSL/FNL		WICH	TA, KS
			FEL/FWL .	. ,	
			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.

OPERATOR: License # 34991	Well Location:		
Name: Anderson Exploration, LLC	E2 _SW _SE _ NW _Sec26 _ Twp10 _ S R25 East 🔀 West		
Address 1: 168 S. Lark Ln.	County: Graham		
Address 2:	Lease Name: Knoll 26-1 Well #: 26-1		
City: Wichita State: KS Zip: 67209 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Dean Anderson	the lease below:		
Phone: (316) 841.7363 Fax: ()			
Email Address: dean.anderson@andersonexplorationllc.com			
Received			
KANSAS CORPORATION COMMISSION Surface Owner Information:	ис		
Name: Andrew Knoll JAN 0 6 2016	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 2734 Hall St. CONSERVATION DIVISION	sheet listing all of the information to the left for each surface owner. Surface		
WICHIIA, KS	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:			
Ony			
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Ac	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 loc	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
KCC will be required to send this information to the surface own	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, 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-1			
I hereby certify that the statements made herein are true and correct to the Date: 12-13-15 Signature of Operator or Agent:	he best of my knowledge and belief. Title: CEC		