KANSAS CORPORATION COMMISSION 010116_Giles_1_14.pdf OIL & GAS CONSERVATION DIVISION

4.pdf July 2014
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,
MIST he submitted with this form

Check Applicable Boxes: MUST be subn	mitted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:1-1-2016		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 121516 Lease Name: Giles 1-14		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	NE _ NE _ NE _ Sec 14 _ Twp 31S _ R 22 E / W		
feet from E / W Line	Legal Description of Lease: NE/4 - SEC. 14		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Clark Production Zone(s): Mississippi		
Number of Injection Wells **			
Field Name:			
** Side Two Must Be Completed.	Injection Zone(s):		
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 DP Drilling		
Past Operator's License No. 32531	Contact Person: Ron Jackson		
Past Operator's Name & Address: Sabre Operating, Inc.	Phone: 940-696-8077		
P.O .Box 4848, Wichita Falls, TX 76308	Date: 1-22-140		
Title: President			
THE.	Signature: KCC WICHITA		
New Operator's License No. 4247 J	a = 2014		
	040.007.5750		
New Operator's Name & Address: Dolomite Resources Corp.	Phone: 316-687-5758 RECEIVED		
2250 No. Rock Road, No. 118-1	Oil / Gas Purchaser: MV		
Wichita, KS 67226	Date: 1 29 20/4		
Title: President	Signature: (Imma) C · Imma)d		
Acknowledgment of Transfer: The above request for transfer of injection			
•	in authorization, surface pit permit # has been in Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
The second strip and does not convey any ownership interest in the	e above injection weil(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	PRODUCTION 2-76-16 UIGFEB 26 2010		
Mail to: Past Operator New Opera	ator District		

Side Two

Must Be Filed For All Wells

	No.: 121516		PARALAMAN		
Lease Name:	Giles 1-14	*Location: Sec. 14-31S-22W			
Well No. API No. (YR DRLD/PRE '67)		Footage from (i.e. FSL = Feet fr	om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1-11 /3	5-025-20799 <i>-00-01</i>	4923 FSL 330 FSL/FNL	282 (FEL) Circle 330 FEL/FWI	GPS. Dist./ L <u>Gasoil</u>	Prod.
		FSL/FNL	FEL/FWI	L	
				Type Corr	ected T. Pro
				, ,	
AMARA IN INC. IN CONTROL OF THE CONT		FSL/FNL	FEL/FWI	L	
		FSL/FNL	FEL/FWI	L	
		FSL/FNL	FEL/FWI		***************************************
		FSL/FNL	FEL/FWI		
·		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWI		
MA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FSL/FNL	FEL/FWL		
***************************************		FSL/FNL	FEL/FWI		
ndenum seend - 1017/04/06 /07/07/04/06/07/04		FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL	-	
M		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL	-	KCC WIGHITA
				-	
		FSL/FNL	FEL/FWL		RECEIVED
		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 2010
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)		
OPERATOR: License # 4247 Name: Dolomite Resources Corporation	Well Location:		
Name: Dolomite Resources Corporation			
Address 1: 2250 No. Rock Road, No. 118-I	_ County: Clark		
Address 2:	County: Clark Lease Name: Giles Well #: 1-14		
City: Wichita State: KS Zip: 67226 +	If filing a Form T.1 for multiple wells on a logge enter the logge description of		
Contact Person: Tom Pronoid	the lease below: —		
Phone: (316) 687-5758 Fax: ()			
Contact Person: Tom Pronold Phone: (316) 687-5758 Fax: () Email Address: tpronold@sbcglobal.net			
Surface Owner Information:	THE CONTRACTOR OF THE CONTRACT		
Name: Roger Giles Address 1: 498 CR 25	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: Bucklin State: KS Zip: 67226 +	_		
	lank batteries, pipelines, and electrical lines. The locations shown on the plat d 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 b CP-1 that I am filing in connection with this form; 2) if the for form; and 3) my operator name, address, phone number, fax			
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ling fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handliform and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.		
I hereby certify that the statements made herein are true and correct			
Date: 01/29/2016 Signature of Operator or Agent:	M CO. Mile: President FEB 9 4 2016		
	RECEIVED		