KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 020116_Schinstock.pdf Form must be Typed Form must be Signed

Form T-1 July 2014 All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Check Applicable Boxes: MUST be submit	ted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 02/01/2016		
Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.:		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:	Lease Name: Schinstock		
Spot Location: feet from N / S Line			
feet from DE / DW Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Hodgeman		
Number of Injection Wells **	Production Zone(s): Mississippian		
Field Name: Mellecker	ł		
** Side Two Must Be Completed.	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, OF Drilling		
Past Operator's License No30364 /	Contact Person: Mike Harmon		
Past Operator's Name & Address: Resource Operations Inc	Phone: 918-446-6114		
P.O. Box 9487 Tulsa, OK 74157-9487	Date: 218116		
Title: Prod Supt.	Signature: Mile Hayron		
Title: 1 Tod Sapt.	Signature:		
New Operator's License No. 3911 /	Contact Person: Robin L. Austin		
New Operator's Name & Address: Rama Operating Co., Inc	Phone: 620-234-5191		
P.O. Box 159 Stafford, KS. 67578	Oil / Gas Purchaser: Plains KCC WICHIT		
	Date: 2-11-14 FEB 22 2016		
Title: Vice President			
Title:	Signature: RECEIVED		
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 (Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the a	above 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 PRODUCTION 3-7-16 PLAR 0 7 2016		
DISTRICT EPR	3		

Side Two

Must Be Filed For All Wells

* Lease Name:	Schinstock		* Location:		
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)
1	15-083-10276 /	Circle 2027 SDFNL	4772 Circle	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		
		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		400000000000000000000000000000000000000
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
· · · · · · · · · · · · · · · · · · ·			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FOLITINE			

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.

Name: Rama Operating Co. Address 1: P.O. Box 159 Address 2: Lease Name: Schinstock Well #: 1 Country, Hodgeman Lease Name: Schinstock Well #: 1 If tiling a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: Surface Owner Information: Name: Marjorie Dowell Address 1: \$20 111th St Address 2: P.O. Box 1097 City: Granby State: Co Zip: 80446 + 1097 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 CB-1, Form CB-1, Form TC-1 or Form CP-1 that I am filling in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, Form CB-1, Form TC-1 or Form CP-1 that I must provided this information to the surface owner(s). I acknowledge that, because I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that 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 with this form. If the fee is not received with this form, the KSONA-form and the associated Form C-1, F	OPERATOR: License # 3911	Well Location:
Address 1: P.O. Box 159 Address 2: County: Hodgeman Lease Namo: Schinstock Well #: 1 Contact Person: Robin L Austin the lease below: Surface Owner Information: Name: Marjorie Dowell Address 1: 520 11th St Address 2: P.O. Box 1097 City: Granby State: Co Zip: 80446 + 1097 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). The acknowledge that I must provide the name and address of the KCC with the school of the KCC will be required to send this information to the surface owner(s). The control of the KCC will be required to send this information to the surface owner(s). The control of the KCC will be required to send this information to the surface owner(s). The control of the surface owner(s) acknowledge that, because I have not provided this information to the surface owner(s). The control of the KCC will be required to send this information to the surface owner(s). The control of the KCC will be required to send this information to the surface owner(s). The control of the KCC will be required to send this information to the surface owner(s). The control of the KCC will be req		
Address 2: City: Stafford State: KS Zip: 67578 +	Address 1, P.O. Box 159	
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Contact Person: Robin L. Austin Phone: (620) 234-5191 Fax: (City Stafford State KS 7in 67578	
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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief. 02/11/2016 VP Title: Signature of Operator or Agent: Title: 70 2016		
02/11/2016 Date: Signature of Operator or Agent: VP Title:		
		the best of my knowledge and belief.