KANSAS CORPORATION COMMISSION 010416_Lindberg.pdf OIL & GAS CONSERVATION DIVISION

df July 2014 Form must be Typed Form must be Signed All blanks must be Filled

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: Effective Date of Transfer: ___1/4/2016 Oil Lease: No. of Oil Wells 2 KS Dept of Revenue Lease No.: 129749 121974 Gas Lease: No. of Gas Wells _____** Gas Gathering System:_ Lease Name: Lindberg (Lindberg) Saltwater Disposal Well - Permit No.: _____ Sec. 15 Twp. 19S R. 2 E V W _ feet from N / S Line Legal Description of Lease: Northeast Quarter (NE/4) of Section Fifteen (15), feet from E / W Line Township Nineteen South (19S), Range Two West (2W). Enhanced Recovery Project Permit No.: County: McPherson Entire Project: Yes No Number of Injection Wells Production Zone(s): Mississippian System Field Name: _Ritz - Canton Injection Zone(s):____ ** Side Two Must Be Completed. Surface Pit Permit No.: _ _____ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) _ feet from E / W Line of Section Type of Pit: Emergency Settling Haul-Off Workover pe Drilling Kendra Anderson Past Operator's License No. Contact Person: _ Past Operator's Name & Address: Kent Anderson Phone: 620-245-7390 308 N. Main. Galva. KS 67443-8803 KCC WICHITA Title: Contact Person: Kendra Anderson 35275 New Operator's License No. -New Operator's Name & Address: Kendra A. Anderson Phone: 620-245-7390 509 N. Santa Fe St., Galva, KS 67443 Oil / Gas Purchaser: CHS McPherson Refinery Inc. Signature: 76 C Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 the new operator of the above named lease containing the surface pit . Recommended action: _ permitted by No.: ____ Authorized Signature Authorized Signature PRODUCTION . DISTRICT

Mail to: Past Operator ____

District

Must Be Filed For All Wells

	<i>31</i>	# 2
KDOR Lease No.:	129749,	121914

* Lease Name:	Lindberg (Lindberg)	* Location:T19S, R2W, Sec. 15			
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	15-113-19227	1240 Circle	1300 (FEL)FWL	Oil	Prod
2	15-113-01163	2985 FSL FNL	1280 FELFWL	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		
					KCC WICHITA
					FEB 0 3 2016
					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.

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RECE

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).

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	Maria e
OPERATOR: License # 35275 Name: Kendra A. Anderson	Well Location:SWNENESec15
Address 1: 509 N. Santa Fe St.	Sec Iwp S. R East X West
Address 2:	
City: Galva State: KS 7in: 67443	
Contact Person. Kendra Anderson	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Contact Person: Kendra Anderson Phone: (620) 245-7390 Fax: ()	Northeast Quarter (NE/4) of Section Fifteen (15),
Email Address: anderken@yahoo.com	
Littali Addiess.	West (2W).
Surface Owner Information:	
Name: Charles L & Wilma J Lindberg Trust	When filing a Form T-1 involving multiple surface owners, attach an additional
Name: Charles L & Wilma J Lindberg Trust Address 1: 1716 Saint Mayeul Dr. Address 2:	sheet listing all of the information to the left for each surface owner. Surface
Address 2:	 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.
City: Modesto State: CA Zip: 95356	
the KCC with a plat showing the predicted locations of lease roads,	athodic Protection Borehole Intent), you must supply the surface owners and tank batteries, pipelines, and electrical lines. The locations shown on the plat
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Well Location: S2S2NESec15Twp19S. R2East x West County: McPherson Lease Name: Lindberg (Lindberg)			
County: McPherson Lease Name: Lindberg (Lindberg) If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: Northeast Quarter (NE/4) of Section Fifteen (15), Township Nineteen South (19S), Range Two			
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Northeast Quarter (NE/4) of Section Fifteen (15), Fownship Nineteen South (19S), Range Two			
Township Nineteen South (19S), Range Two			
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			
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with this form. If the fee is not received with this form, the KSONA- Il be returned.			
best of my knowledge and belief.			
Title: FEB 03 20			