### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

030116\_Patteson\_A\_INJ.pdf Form T-1
July 2014
Form must be Typed

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,

| Check Applicable Boxes:   | integ with this form.  |
|---|--|
| Oil Lease: No. of Oil Wells**   | Effective Date of Transfer: 03/01/2016   |
| Gas Lease: No. of Gas Wells**   | KS Dept of Revenue Lease No.: 131286   |
| Gas Gathering System:   | Lease Name: Patteson Brothers A  |
| Saltwater Disposal Well - Permit No.:                                     |  |
| Spot Location: 2310 feet from N / ✓ S Line                                |  |
| 330 feet from ✓ E / ☐ W Line  | Legal Description of Lease: E/2 SE/4 of Sec 11-32-9E   |
| Enhanced Recovery Project Permit No.:                                     |  |
| Entire Project: Yes No  | County: Chautauqua /   |
| Number of Injection Wells **  | Production Zone(s):Mississippian, Arbuckle   |
| Field Name: Hylton  | Injection Zone(s): Arbuckle Crownie Wash   |
| ** Side Two Must Be Completed.  | Tijouon Zono(o).   |
| Curford Bit Borreit No. P 09629   | 3300 feet from N / ✓ S Line of Section   |
| Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul)                | 400  |
|   | Haul-Off Workover Drilling   |
| Type of Pit: ✓ Emergency Burn Settling                                    |  |
| Past Operator's License No. 5120 /  | Contact Person:  |
| Past Operator's Name & Address: Range Oil Company, Inc.                   | Phone: 316-265-6231  |
| P.O.Box 781775 Wichita, KS 67278-1775                                     | Date: 03/01/2016   |
|   | ( lat M Wood days  |
| Title: Exploration Manager  | Signature: 11 Warrante   |
|   | Robert Wolfe   |
| New Operator's License No. 31119  | Contact Person: Robert Wolfe   |
| New Operator's Name & Address: Lone Wolf Oil & Gas Company, LLC           | Phone: 620-647-3626 KCC WICHITA  |
| P.O.Box 241   | Oil / Gas Purchaser: Thanks that to the configuration of the configurati |
| Moline, KS 67353-0241   | Date: 03/01/2016 MAR 0 2 2016  |
| Title: Owner  | Signature: Rolut WW 77 RECEIVED  |
| Title:  |  |
| Acknowledgment of Transfer: The above request for transfer of injection   | P 09629 has been   |
|   | on Commission. This acknowledgment of transfer pertains to Kansas Corporation  |
| Commission records only and does not convey any ownership interest in the |  |
| Commission records only and does not convey any ownership interest and    |  |
| Love Wolfe Oil + Cits Company Lis acknowledged as                         | Lone Wolf Oil+Gas Company, LLC 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.: D-26, 420 . Recommended action: No. 12                        | permitted by No.: <u>P09629</u> .  |
|   | $\mathcal{D}_{\mathcal{O}} = \mathcal{D}$  |
| Date: 3-17-16 Cherry Derw   | Date: 3-/6-/6 Olivra Ragooa  |
| Authorized Signature  | Authorized Signature CC Hathy  |
| DISTRICT  | PRODUCTION 3-17-16 District 3 3-17-16  |
| Mail to: Past Operator 3-17-16 New Ope                                    | ratorDistrict(   |

#### Side Two

#### Must Be Filed For All Wells

|                                       | No.: 131286 Patteson Brothers A |                               |     | Loostica. E      | /2 SE/4 of Sec 11-32-9            | E                                    |
|---------------------------------------|---------------------------------|-------------------------------|-----|------------------|-----------------------------------|--------------------------------------|
| * Lease Name:                         | I allegott Diothers V           |                               |     | Location:        |                                   | <u> </u>                             |
| Well No.                              |                                 | tage from Se<br>_ = Feet from |     |                  | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
| 1                                     | 15-019-26111-00-00 2310         | Circle<br>ESD/FNL             | 550 | Circle<br>PEDFWL | Oil                               | TA'd                                 |
| 2                                     | 15-019-26147-00-00 1650         | FSDFNL .                      | 990 | _ <b>F</b> D/FWL | Oil                               | Prod                                 |
| 3                                     | 15-019-26160-00-00 990          | FS)L/FNL _                    | 330 | _ED/FWL          | Oil                               | Prod                                 |
| 4                                     | 15-019-01041-00-00 2310         | FS)/FNL _                     | 330 | _€D/FWL          | SWD                               | active                               |
|                                       |                                 | 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        |                                   |                                      |
|                                       |                                 | FSL/FNL                       |     | FEL/F <b>W</b> L |                                   |                                      |
|                                       |                                 | FSL/FNL                       | ··· | FEL/F <b>W</b> L |                                   | KCC WICHITA                          |
|                                       |                                 |                               |     |                  |                                   |                                      |
|                                       |                                 |                               |     |                  |                                   | RECEIVED                             |
|                                       |                                 | FSL/FNL                       |     | _ FEL/FWL        |                                   |                                      |
|                                       |                                 | FSL/FNL                       |     | FEL/F <b>W</b> L |                                   |                                      |

A separate sheet may be attached if necessary

<sup>\*</sup> 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

RECEIVED

## 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: Range Oil Company, Inc.  Address 1: P.O.Box781775  Address 2: City: Wichita State: KS Zip: 67278 + 1775  Contact Person: Phone: (316) 265-6231 Fax: (316) 265-5485  Email Address: Surface Owner Information:  Name: Roger Patteson & Tom Patteson  When filling 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 Surface owner.   | OPERATOR: License # 5120  | Well Location:   |
|---|---|--|
| Address 2:  City: Wichita State: KS 7ip: 67278 + 1775  Contact Person: John M. Washburn  Phone: ( 316 ) 265-6231    Fax: ( 316 ) 265-5485  Email Address:  Surface Owner Information:  Name: Roger Patteson & Tom Patteson  Address 1: P.O.Box 92  Address 2:  City: Moline  State: KS 7ip: 67353 +  If this form is being submitted with a Form C-1 (intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owner 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 with all part at milling in connection with this form; jot the form C-1 or Form CB-1, Form T-1, or Form CP-1 that I am filling in connection with this form; jot the form the plat laddress.  If 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 filling in connection with this form; jot the form being filled 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.  If 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). I acknowledge that the subject of the surface owner form C-1, Form CB-1, Form T-1, or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.  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-form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.  If choosing the second option, submit payment of the \$30.00 handling fee with this form. Exploration Manager  | Name. Range Oil Company, Inc.   |  |
| Address 2:  City: Wichita State: KS Zip: 67278 + 1775  Contact Person: John M. Washburn  Phone: ( 316 ) 265-6231 Fax: ( 316 ) 265-5485  Email Address:  Surface Owner Information:  Name: Roger Patteson & Tom Patteson  Address 1: P.O.Box 92  Address 2:  City: Moline  State: KS Zip: 67353 +  If this form is being submitted with a Form C-1 (intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owner 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 with a plat at moling in connection with this form; jot the form C-1 or Form CB-1, Form T-1, or Form CP-1 that I am filling in connection with this form; jot the form being filled as 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 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 I must provide the name and address of the surface owner by filling unto pose control 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 unto pose control 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 p | Address 1: P.O.Box781775  | County: Chautauqua   |
| Contact Person: John M. Washburn  Contact Person: John M. Washburn  Email Address:  Surface Owner Information:  Name: Roger Patteson & Tom Patteson  Address 1:  P.O.Box 92  Address 2:  City: Moline  State: KS Zip: 67353 +  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, pipellines, 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 well in 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; z) if the form being filled 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.  If have not provided this information to the surface owner(s). I acknowledge that I must provide the name and address of the surface owner(s). I acknowledge that I must provide the name and address of the surface owner(s). The cactions and the KCC with selection of this form.  If 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 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 with this form. If the fee is not received with this form, the KSONA-form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be required to send this information to the surface owner(s). 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. It fee fee is not received with this form, the KSONA-form and the associated Form C-1, Form CB-1, Form T-1, or Form |   | Lease Name: Patteson Brothers A Well #: 1,2,3,4  |
| Contact Person: John M. Washburn  Phone: ( 316 ) 265-6231   Fax: ( 316 ) 265-5485    Email Address:    Surface Owner Information:  Name: Roger Patteson & Tom Patteson  Address 1: P.O.Box 92    When filling a Form T-1 involving multiple surface owners, attach an additions sheel 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.  City: Moline   State: KS   Zip: 67353    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 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, 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). 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 filing 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 hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.  D3/01/2016                             | City: Wichita State: KS Zip: 67278 + 1775   | If filing a Form T-1 for multiple wells on a lease, enter the legal description of   |
| Surface Owner Information:  Name: Roger Patteson & Tom Patteson  Address 1: P.O.Box 92  Moline State: KS Zip: 67353 +  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 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 filling in connection with this form; 2) if the form being filled 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 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 the fee is not received with this form, the KSONA-form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.  It reneby certify that the statements made herein are true and correct to the best of my knowledge and belief.  O3/01/2016  When filing a Form T-1 involving multiple surface owners, Surface owner, Surface o | Contact Person: John M. Washburn  | the lease below:   |
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| Name: Roger Patteson & Tom Patteson  Address 1: P.O.Box 92  Address 2:  |   |  |
| Address 1: P.O.Box 92  Address 2:   | Surface Owner Information:  |  |
| Address 2:  |   | When filing a Form T-1 involving multiple surface owners, attach an additional   |
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| 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-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.  03/01/2016  | City: Moline State: KS Zip: 67353 +   |  |
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| 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-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.  O3/01/2016  Exploration Manager   | the KCC with a plat showing the predicted locations of lease roads, ta<br>are preliminary non-binding estimates. The locations may be entered   | nk batteries, pipelines, and electrical lines. The locations shown on the plat   |
| 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.  03/01/2016  Exploration Manager   | the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form   | nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this   |
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| 03/01/2016 Date: Signature of Operator or Agent: M Exploration Manager  KCC WIC:   LAD 02: 2016   | <ul> <li>the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered</li> <li>Select one of the following:</li> <li>I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,</li> <li>I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the</li> <li>If choosing the second option, submit payment of the \$30.00 handling</li> </ul>  | Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the bewner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and a KCC, which is enclosed with this form.   |
| KCC WIC:  | the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered Select one of the following:    Certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,    I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the lift 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 CB-1, Form T-1, | Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and eKCC, which is enclosed with this form.  If the fee is not received with this form, the KSONA-1 will be returned.   |
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