KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION 030116_Skolout_2_25.pdf 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:	MUST be submitted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: March	1, 2016		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:	1044982974 140310		
Gas Gathering System:	Lease Name: Skolout	perked 3-24-16		
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N /	S Line			
feet from E / [W Line Legal Description of Lease: The S	South Half		
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Rawlins			
Number of Injection Wells**		Production Zone(s): Lansing-Kansas City		
Field Name: St John Cemetery	, ,			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:	feet from I	N / S Line of Section		
(API No. if Drill Pit, WO or Hau	ul) feet from			
Type of Pit: Emergency Burn	Settling Haul-Off Workover OR			
Past Operator's License No34530 🏑	Contact Person: Anthony D. Stro	oup		
Past Operator's Name & Address: Bow Creek Oil Comp	Phone: 785-650-1738			
1304 Eisenhower Road, Hays, KS 6760)1 March 16, 2016			
Title: Owner/Operator	Signature: Anthon	10-11-		
	Signature:	y coup		
New Operator's License No. 35203	Contact Person: Trevor Calvin	1000 1600		
New Operator's Name & Address: Kansas Crude Investr		KCC WILLIAM		
New Operator's Name & Address: Name & Order Hivesti		MAR 2 1 2016		
	Oil / Gas Purchaser: Coffeeville R	Resources		
	Date: March 16,2016	RECEIVED		
Title: Owner/Operator	Signature:	2 °		
Acknowledgment of Transfer: The above request for transfer	nsfer of injection authorization, surface pit permit #	has been		
noted, approved and duly recorded in the records of the Kar				
Commission records only and does not convey any ownersh		,		
is acl	knowledged as	is acknowledged as		
the new operator and may continue to inject fluids as	authorized by the new operator of the above na	med lease containing the surface pit		
Permit No.: Recommended action:				
	pormitted by No.	<u> </u>		
Date:	Date:			
Authorized Signature		Authorized Signature		
DISTRICT EPR 3-24	1-16 PRODUCTION 3-2416	uic 3-24-16		

Side Two

Must Be Filed For All Wells

	No.: 1044982974	1000			
* Lease Name:	Skolout		* Location:	1s R35w Sec. 25 NE	NW SW SE
Well No. API No. (YR DRLD/PRE '67)			Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
2-25	15-153-21110	1070 EstyFNL	2000 FEW FWL	oil	Producing
		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		_
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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Helle I a series and series are series and series and series and series and series are series and s					MAR 2 1 ZUID
					RECEIVED
		FSL/FNL	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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca	athodic Protection Borehole Intent)		
OPERATOR: License # 35203	Well Location:		
Name: Kansas Crude Investments LLC	NE NW SW SE Sec. 25 Twp. 1 S. R. 35 East West		
Address 1: 1593 220th Ave	County: Rawlins		
Address 2:	Lease Name: Skolout Well #: 2-25		
City: Hays State: KS Zip: 67601 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Trevor Calvin	the lease helow:		
Phone: (785) 656-0551 Fax: ()			
Email Address:	, ° 		
KO-21	50.10		
Phone: (785) 656-0551 Fax: () Email Address: Surface Owner Information: Name: John and Sherry Skolout Address 1: 600 Logan St.	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.		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank to are preliminary non-binding estimates. The locations may be entered on a Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat		
 ✓ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and ☐ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address or 	cated: 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 d email address. Anowledge that, because I have not provided this information, the per(s). To mitigate the additional cost of the KCC performing this		
that I am being charged a \$30.00 handling fee, payable to the KC If choosing the second option, submit payment of the \$30.00 handling fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	CC, which is enclosed with this form. ee with this form. If the fee is not received with this form, the KSONA-1		
I hereby certify that the statements made herein are true and correct to the	.		
Date: 3-16-2016 Signature of Operator or Agent:	Title: Owner / Operator		