KANSAS CORPORATION COMMISSION 030116_Voran_G.pdf OIL & GAS CONSERVATION DIVISION

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,
MUST be submitted with this form.

Check Applicable Boxes:	teu with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 03/01/16		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:		
Gas Gathering System:	Lease Name: Voran G		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: (See attached)		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Kingman		
Number of Injection Wells**	Production Zone(s): Mississippian		
Field Name:	Injection Zone(s):		
** 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)	feet from F / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OF Drilling		
Past Operator's License No32215√	Contact Person: Dub Rakestraw		
Past Operator's Name & Address: Rakestraw Bros., LLC	Phone: 316-322-5566		
4566 NE Parallel, El Dorado, Ks. 67042			
	Date: 03/14/16		
Title: Managing Partner	Signature: Colomba Maheatian		
New Operator's License No. 35303	Contact Person: Edgar Sanchez KANSAD CORPORATION COMMISSIO		
New Operator's Name & Address: Destiny Services, LLC	AND 0.7 206		
1515 S. Main, Kingman, Ks. 67068			
	Oil / Gas Purchaser: Maclaskey CONSERVATION DIVISION WICHITA, KS		
	Date: 03/01/16		
Title: member	Signature: X Rocan Elias Sancur		
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 C			
Commission records only and does not convey any ownership interest in the a			
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	Date:		
	PRODUCTION 4-22-44 ARR 22 2016		
Mail to: Past Operator New Operator			

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 106210 *Lease Name: Voran G *Location: Kinman County					
* Lease Name: Voran G * Location: Kinman County					
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-095-00823-0000	2970s FSL/FNL	3630e Circle	Oil	prod
2	15-095-00525-0000	3630s _{FSL/FNL}	330e FEL/FWL	Oil	prod
3	15-095-00664-0000	330n FSL/FNL	330e FEL/FWL	Oil	prod
		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		APR 0 7 2018
		FSL/FNL	FEL/FWL	1	CONSERVATION DIVISION WICHITA, KS
		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		

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.

ATTACHMENT TO KSONA FORM T 1

Legal Description for Voran G Lease in Kingman County: South 50 acres of the East 100 acres of the Northwest quarter (NW/4) and the East half of the Northeast quarter (E/2 NE/4) section 27, township 29s, range 7w.

Received

KANS/0 CORPORATION COMMISSION

APR 0 7 2018

CGNSERVATION DIVISION WICHITA, KS

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2014
Form Must Be Typed
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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.

OPERATOR: License # 35303	Well Location:
Name: Destiny Services, LLC	Sec. 27 Twp. 29 S. R. 7 East X Wes
Address 1: 1715 S. Main	County: Kingman
Address 2:	Lease Name: Voran G Well #: 1,2,3
City: Kingman State: Ks. Zip: 67068 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Edgar Sanchez	the lease below:
Contact Person: Edgar Sanchez Phone: (620) 388-6229	See attached
Email Address: Enasedgar@live.com	
Surface Owner Information: KANS: CORPORATION COMM	ISSION AND ISSI
Surface Owner Information: KANS: CORPORATION COMMISSION	
0.5 0.7 711	
Address 1: 896 SE 50 St.	When filing a Form T-1 involving multiple surface owners, attach an additional SION 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 county and in the real estate property tay records of the county traceurer.
Address 2:	county, and in the real estate property tax records of the county treasurer.
City: Kingman State: Ks. Zip: 67068	
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(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 beform; and 3) my operator name, address, phone number, fax, an	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this
KCC will be required to send this information to the surface own	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.
If 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 CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
I hereby certify that the statements made herein are true and correct to t	
Date: 3-14-16 Signature of Operator or Agent: X Eogs	Evins Savultitle: