

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form T-1
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:

☒ Oil Lease: No. of Oil Wells 8 **

☒ Gas Lease: No. of Gas Wells 0 **

☐ Gas Gathering System: _____

☐ Saltwater Disposal Well - Permit No.: _____

Spot Location: _____ feet from ☐ N / ☐ S Line

_____ feet from ☐ E / ☐ W Line

☒ Enhanced Recovery Project Permit No.: _____

Entire Project: ☐ Yes ☐ No

Number of Injection Wells _____ **

Field Name: Hale-Engle

**** Side Two Must Be Completed.**

Effective Date of Transfer: 03/21/2016

KS Dept of Revenue Lease No.: 101722 112874

Lease Name: Rising Banks

_____ Sec. 21 Twp. 32 S. R. 12 ☒ E ☐ W.

Legal Description of Lease N2, NE/SE SEsec28SW, NEsec 2
SE, SE/NE SWsec20SE, SE/NW, SWsec21 parts
of sec 20, 21, 28, 29

County: Chautauqua

Production Zone(s): Wayside & Weiser Received
KANSAS CORPORATION COMMISSION

Injection Zone(s): Wayside **MAR 30 2016**

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WICHITA, KS

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 OR ☐ Drilling

Past Operator's License No. 34647 ✓

Past Operator's Name & Address: Michael A. Adamson

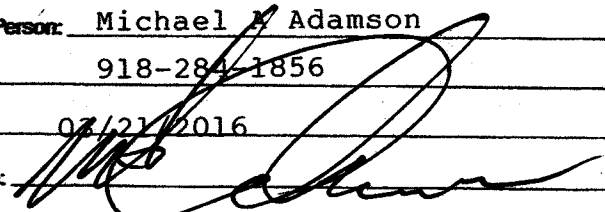
4 S. Webb Place Sapulpa, OK 74066

Title: Operator

Contact Person: Michael A. Adamson

Phone: 918-284-1856

Date: 03/21/2016

Signature: 

35232 ✓
New Operator's License No. Neo Oilfield Services, LLC

New Operator's Name & Address: 316 N. Main

Bristow, OK 74010

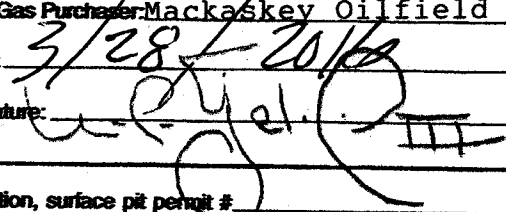
Title: Operator

Contact Person: Nick Yukich

Phone: 214-697-7325

Oil / Gas Purchaser: Mackaskey Oilfield Services

Date: 3/28/2016

Signature: 

Acknowledgment of Transfer: The above request for transfer of injection 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 above injection well(s) or pit permit.

_____ is acknowledged as
the new operator and may continue to inject fluids as authorized by

Permit No.: _____ Recommended action: _____

Date: _____

Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit

permitted by No.: _____

Date: _____

Authorized Signature

DISTRICT _____ EPR 4-14-16 PRODUCTION 4-15-16 UIC APR 15 2016

Mail to: Past Operator _____ New Operator _____ District _____

* Lease Name: Rising Banks * Location: Chautauqua County Kansas

* Location: Chautauqua County Kansas

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CONSERVATION DIVISION
WICHITA, KS

* 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
CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2010
Form Must Be Typed
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All blanks must be Filled

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 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 34647
Name: Michael A. Adamson
Address 1: 4 S. Webb Pl.
Address 2: _____
City: Sapulpa State: OK Zip: 74066
Contact Person: Michael A. Adamson
Phone: (918) 284-1856 Fax: (918) 224-6316
Email Address: judidiane4@aol.com

Well Location:
_____ Sec. _____ Twp. 32S S. R. 12 ☒ East ☐ West
County: Chautauqua
Lease Name: Rising Banks Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

NE,NE/SE,SE sec 28.SW,NE sec 29
SE,SE/NE,SW sec 20 SE,SE/NW,SE Sec21

Surface Owner Information:

Name: Allen Lewis
Address 1: 1444 Rd.27
Address 2: _____
City: Sedan State: Kansas Zip: 67316

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WICHITA, KS

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 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 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). 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 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-1 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.

Date: 3/28/16

Signature of Operator or Agent: [Signature]

Title: Operator