

SCANNED

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

040116_Greenwell.pdf

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 _____ **
- ☒ Gas Lease: No. of Gas Wells 2 **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: 660 feet from ☐ N / ☒ S Line
660 feet from ☒ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: Irick

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

Effective Date of Transfer: ~~10/04/2015~~ *4/1/16
*** License Issued.**
KS Dept of Revenue Lease No.: 213038

Lease Name: Greenwell

C SW - SW - Sec. 8 Twp. 12S R. 21 ☒ E ☐ W

Legal Description of Lease: _____

W/2 SW/4 Sec. 8 T12S R21E

County: Leavenworth

KCC WICHITA

Production Zone(s): Squirrel Sand

MAR 29 2016

Injection Zone(s): _____

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Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling

Past Operator's License No. 4247 ✓

Contact Person: Tom Pronold

Past Operator's Name & Address: Dolomite Resources Corporation
2250 No. Rock Road, No. 118-I, Wichita, KS 67226

Phone: 316-461-8127

Title: President

Date: 10/29/2015

Signature: Thomas G. Arnold

New Operator's License No. 35315 ✓

Contact Person: Harold Turner

New Operator's Name & Address: Harold Turner Residential
P.O. 97, Linwood, KS 66052

Phone: 913-708-1900

Title: Landowner

Oil / Gas Purchaser: NA

Date: _____

Signature: Harold D Turner

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 4-8-14 PRODUCTION 44146 UIC 4-1146
Mail to: Past Operator _____ New Operator _____ District _____

* Lease Name: Greenwell * Location: C SW SW Sec. 8 T12S R21W

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* 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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Form KSONA-1
July 2010
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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.*

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☐ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 4247
Name: Dolomite Resources Corporation
Address 1: 2250 No. Rock Road No 118-I
Address 2: _____
City: Wichita State: KS Zip: 67226 + _____
Contact Person: Tom Pronold
Phone: (316) 687-5758 Fax: (_____) _____
Email Address: tpronold@sbcglobal.net

Well Location:
C SW SW Sec. 8 Twp. 12 S. R. 21 ☒ East ☐ West
County: Leavenworth
Lease Name: Greenwell Well #: 1

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

Surface Owner Information:

Name: Harold Turner
Address 1: P. O. Box 97
Address 2: _____
City: Linwood State: KS Zip: 66052 + _____

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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: 30 March Signature of Operator or Agent: Tom Pronold Title: President

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Address 2: _____
City: Wichita State: KS Zip: 67226 + _____
Contact Person: Tom Pronold
Phone: (316) 687-5758 Fax: (_____) _____
Email Address: tpronold@sbcglobal.net

Well Location:
C NW SW Sec. 8 Twp. 12 S. R. 21 ☒ East ☐ West
County: Leavenworth
Lease Name: Greenwell Well #: 2

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Surface Owner Information:

Name: Harold Turner
Address 1: P. O. Box 97
Address 2: _____
City: Linwood State: KS Zip: 66052 + _____

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Date: 30 March Signature of Operator or Agent: AG Arnold Title: President