#### 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,

Check Applicable Boxes: MUST be subm	nitted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 1/1/2016			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 22007311347270473 226			
Gas Gathering System:	Lease Name: FORBES 4 277576, 7275			
Saltwater Disposal Well - Permit No.:	Lease Ivalile,			
Spot Location:feet from N / S Line				
feet from E / W Line	Legal Description of Lease: S/2 & S/2 NZ/4			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: WILSON			
Number of Injection Wells**				
CHEROKEE BASIN COAL AREA	Production Zone(s): CHEROKEE COALS			
** Side Two Must Be Completed.	Injection Zone(s):			
NA NA				
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section			
<i>(</i> ,,,,,,,,,,,,,,,,,,	feet from E W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover W Drilling			
Past Operator's License No. 34420	Contact Person: Brian Lingard			
Fxodus Gas & Oil LLC	281-822-3939			
Past Operator's Name & Address: 1001 McKinney St. Ste. 804 Houston, TX 77002	5/5/2016			
	Date:			
Title: Managing Partner	Signature:			
25049 /	Paymond I Gilbert			
New Operator's License No.	Contact Person: Raymond L. Gilbert			
New Operator's Name & Address: Entransco Energy LLC	Phone: 620-820-9687, 918-331-6708 KCC WICHI			
P.O. Box 578 Dewey, OK 74029	Oil / Gas Purchaser: NA JUN 0 3 2016			
The state of the s	5/5/2016 Date: 5/5/2016			
Field Operations Manager	RECEIVED			
Title:	Signature:			
	NA			
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been			
noted, approved and duly recorded in the records of the Kansas Corporatio	n Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the	e above injection well(s) or pit permit.			
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.:			
D.I.	Date:			
Date:	Authorized Signature			
DISTRICT EPR 6-24-16	PRODUCTION Q-CL-160 UIC 6-2746			
	atorDistrict			

#### Must Be Filed For All Wells

KDOR Lease No.: 226672-4-1, 226673-42, 226674-4-3, 2275984-4, 227596 4-5.

* Lease Name:	FORBES 4 * Location		* Location:	52 + 5/2 NW		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1	15-205-26131 🗸	2290 Ci <b>ro</b> le FSL)FNL	350 Oircle (FÉ)/FWL	GAS	PROD	
2	15-205-26132	350 (FSI)FNL	350 (FE)/FWL	GAS	PROD	
3	15-205-26133	1320 FSI/FNL	4930 FEL/BWL	GAS	PROD	
4	15-205-26335	660 (FSL)FNL	3300 FELISWL	GAS	PROD	
5	15-205-26336	3300 FSI/FNL	3300 FELFWL	GAS	PROD	
		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			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		KCC WICHITA	
		FSL/FNL			** ** *	
				Mary de la grande de la contraction de la contra		

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

## 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.

Address 1:	Sec4 _ Twp30 _S. R17 _		
Address 1:  Dewey State:  City:  Ray Gilbert  Contact Person:  Ray Gilbert  Cableone.net  Email Address:  Surface Owner Information:  MARY JO HENKE & EMMA LRE MANNING &  Name:  D.H. FORBES JR  Address 1:  Address 2:  City:  WICHITA  State:  KS Zip:  67207 +   If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Be the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelin are preliminary non-binding estimates. The locations may be entered on the Form C-1 p  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 20 owner(s) of the land upon which the subject well is or will be located: 1) a copy CP-1 that I am filing in connection with this form; 2) if the form being filed is a Fc 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 KCC will be required to send this information to the surface owner(s). To mitigutask, I acknowledge that I must provide the name and address of the surface or that I am being charged a \$30.00 handling fee, payable to the KCC, which is en	WILSON  FORBES  Well #:  T-1 for multiple wells on a lease, enter the legal description of		
Address 2:  Dewey  City:	FORBES Well #:4  T-1 for multiple wells on a lease, enter the legal description of		
City:	T-1 for multiple wells on a lease, enter the legal description of		
Contact Person:  Phone: ( 620 ) 820-9687   Fax: ( )   Email Address:  Surface Owner Information:  MARY JO HENKE & EMMA LEE MANNING & When filing a sheet listing a owner information:  Address 1: 2237 LORI LN State: KS Zip: 67207 +   If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Both the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelli are preliminary non-binding estimates. The locations may be entered on the Form C-1 power of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 20 owner(s) of the land upon which the subject well is or will be located: 1) a copy CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form; and 3) my operator name, address, phone number, fax, and email address of the required to send this information to the surface owner(s). I acknowledge that KCC will be required to send this information to the surface owner(s). To mitigatask, I acknowledge that I must provide the name and address of the surface of that I am being charged a \$30.00 handling fee, payable to the KCC, which is en			
Phone: (620) 820-9687 Phone: (729gilbert@cableone.net  Surface Owner Information:  Name: D.H. FORBES JR  Address 1: 2237 LORI LN  Mary JO HENKE & EMMA LEE MANNING & Sheet listing a owner information:  Address 2: County, and in  City: WICHITA State: KS Zip: 67207 +  If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Bother KCC with a plat showing the predicted locations of lease roads, tank batteries, pipellia are preliminary non-binding estimates. The locations may be entered on the Form C-1 power of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 20 owner(s) of the land upon which the subject well is or will be located: 1) a copy. CP-1 that I am filing in connection with this form; 2) if the form being filed is a 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 KCC will be required to send this information to the surface owner(s). To mitigatask, I acknowledge that I must provide the name and address of the surface of that I am being charged a \$30.00 handling fee, payable to the KCC, which is en			
Email Address:  Surface Owner Information:  MARY JO HENKE & EMMA LEE MANNING & MARY JO HENKE & EMMA LEE MANNING & Sheet listing a owner information:  Address 1:  2237 LORI LN  Address 2:  City:  WICHITA  State:  KS  Zip:  67207  H  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 20 owner(s) of the land upon which the subject well is or will be located: 1) a copy CP-1 that I am filling in connection with this form; 2) if the form being filed is a Form; and 3) my operator name, address, phone number, fax, and email address that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s). To mitigs task, I acknowledge that I must provide the name and address of the surface owner(s).			
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Name:    D.H. FORBES JR   When filing a sheet listing a owner information to the surface owner(s). I acknowledge that I must provide the name and address of the surface owner(s). To mitigate the KCC will be required to send this information to the surface owner(s). To mitigate the KCC will be required to send this information to the surface owner(s). To mitigate that I am being charged a \$30.00 handling fee, payable to the KCC, which is enter this form.			
Address 1:			
Address 1:	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.		
City: WICHITA State: KS Zip: 67207 +  If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Both the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelliare preliminary non-binding estimates. The locations may be entered on the Form C-1 pth Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 20 owner(s) of the land upon which the subject well is or will be located: 1) a copy CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form; and 3) my operator name, address, phone number, fax, and email address of I have not provided this information to the surface owner(s). I acknowledge that KCC will be required to send this information to the surface owner(s). To mitigate task, I acknowledge that I must provide the name and address of the surface or that I am being charged a \$30.00 handling fee, payable to the KCC, which is entire the second option, submit payment of the \$30.00 handling fee with this form.			
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KCC will be required to send this information to the surface owner(s). To mitigate task, I acknowledge that I must provide the name and address of the surface of that I am being charged a \$30.00 handling fee, payable to the KCC, which is entitle the choosing the second option, submit payment of the \$30.00 handling fee with this form	of the Form C-1, Form CB-1, Form T-1, or Form rm C-1 or Form CB-1, the plat(s) required by this		
If choosing the second option, submit payment of the \$30.00 handling fee with this form form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned	because I have not provided this information, the		
	ner by filling out the top section of this form and		
I hereby certify that the statements made herein are true and correct to the best of my k 5/11/2016	ner by filling out the top section of this form and losed with this form.  If the fee is not received with this form, the KSONA-1		
Date: Signature of Operator or Agent:	rner by filling out the top section of this form and losed with this form.  If the fee is not received with this form, the KSONA-1		

JUN 03 2016