KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 subn	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.:
Gas Gathering System:	Lease Name: H. Tantz 7
Saltwater Disposal Well - Permit No.: D28233.0	
Spot Location: 3590 feet from N / S Line	- Leaving Agricult
feet from E / 🖋 W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: WILSON
Number of Injection Wells**	Production Zone(s): CHEROKEE COALS
Field Name: CHEROKEE BASIN COAL AREA NEW PONCE	Injection Zone(s):
** Side Two Must Be Completed.	Hydesun Zond(d).
NA Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	Ferrence beautiful for the first fir
T (D)	feet from E / W Line of Section Haul-Off Workover P Drilling
Type of Pit: Emergency Burn Settling	learned learned // Land
Past Operator's License No.	Contact Person: Brian Lingard
Past Operator's License No. Past Operator's Name & Address: Exodus Gas & Oil LLC	281-822-3939 Phone:
1001 McKinney St. Ste. 804 Houston, TX 77002	5/5/2016 Date:
Title: Managing Partner	
Title:	Signature:
New Operator's License No. 35018 /	Contact Person: Raymond L. Gilbert
New Operator's Name & Address: Entransco Energy LLC	Phone: 620-820-9687, 918-331-6708
P.O. Box 578 Dewey, OK 74029	
	Oil / Gas Purchaser: NA KCC WICHITA
	Date: JUN 0 3 2016
Title: Field Operations Manager	Signature:
	RECEIVED
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 Corporation	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.
Entransco Energy Wis 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.: D-28.233 . Recommended action: NO.N.E.	permitted by No.:
1 all of A Barris	
Date: 6-29-10 Authorized Signature	Date:
1 / / 22 -//	10=7:77-17
DISTRICT Mail to: Past Operator O-2-4 New Operator	

Side Two

Must Be Filed For All Wells

KDOD Lacca Na :	2 23820	1021122126
KDON Lease No.:		

* Lease Name:	н. на	NTA 7	Location:	NE/4	
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	15-205-25348	2990 Circle FSL FNL	350 Circle FEL/FWL	GAS	PROD
2	15-205-25633	4620 FSI/FNL	1980 FED FWL	GAS	PROD
1	15-205-25640	3590 FSL)FNL	FEL FWL	SWD	PERMITTED
		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		
		FSL/FNL	FEL/FWL		
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***********		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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	and the second s	FSL/FNL	FEL/FWL		
-		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		JUN 0 3 2016
-		FSL/FNL	FEL/FWL		RECEIVED
		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	(Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # Entransco Energy LLC Name: P.O. Box 578 Address 1: P.O. Box 578 Address 2: OK Zip: 74029 Contact Person: Ray Gilbert Contact Person: 620 820-9687 Phone: Paygilbert@cableone.net	the lease below:		
Surface Owner Information: Name: HAROLD D. & E. JUNE JANTZ Address 1: 5022 OAK TREE LN Address 2: City: NEODESHA State: KS Zip: 66757 +	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.		
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form	nodic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Act (House Bill 2032), I have provided the following to the surface located: 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		
KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and		
form and the associated Form C-1, Form CB-1, Form T-1, or Form Cl I hereby certify that the statements made herein are true and correct.	P-1 will be returned. to the best of my knowledge and belief.		
5/11/2016 Date: Signature of Operator or Agent:	Field Operations Manager Title:		

JUN 03 2016
RECEIVED