

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
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 1 **
- ☐ 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: HUMBOLDT-CHANUTE

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

Effective Date of Transfer: 12/1/2015 03/04/16

KS Dept of Revenue Lease No.: 231781

Lease Name: BARR

_____ - nw - nw Sec. 30 Twp. 26 R. 18 ☒ E ☐ W

Legal Description of Lease: n/2 nw/4 sec 30 T26S R18E

County: Allen

Production Zone(s): Riverton

Injection Zone(s): _____

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

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling

_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section

☐ Haul-Off ☒ Workover ☐ Drilling

Past Operator's License No. 34420

Past Operator's Name & Address: Exodus Gas & Oil LLC
1001 McKinney St., Suite 804 Houston, TX 77002

Title: Manager

Contact Person: Brian A. Lingard

Phone: 713-291-3090

Date: 12/18/2015

Signature: [Signature]

KCC WICHITA
MAY 12 2016
RECEIVED

New Operator's License No. 35254 35308 SA

New Operator's Name & Address: W4 Energy, LLC
555 Delaware Rd.
Humboldt, KS 66748

Title: President

Contact Person: Curtis Whitaker

Phone: 620-664-7449

Oil / Gas Purchaser: _____

Date: 12/18/2015

Signature: [Signature]

Received
KANSAS CORPORATION COMMISSION
APR 15 2016
CONSERVATION DIVISION
WICHITA, KS

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 5-23-16 PRODUCTION 5-24-16 UIC 5-24-16

Mail to: Past Operator _____ New Operator _____ District _____

* Lease Name: BARR

* Location: n/2 nw/4 sec 30 T26S R18E

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KANSAS CORPORATION COMMISSION

APR 15 2016

CONSERVATION DIVISION
WICHITA, KS

KCC WICHITA

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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 2010
Form Must Be Typed
Form must be Signed
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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 # 34420
Name: Exodus Gas & Oil, LLC
Address 1: 1001 McKinney St., Suite 804
Address 2: _____
City: Houston State: TX Zip: 77004 + _____
Contact Person: Brian Lingard
Phone: (281) 822-3939 Fax: (281) 822-2188
Email Address: _____

Well Location:
_____ - ne - nw Sec. 30 Twp. 26 S. R. 17 ☒ East ☐ West
County: Allen
Lease Name: BARR Well #: 4-30

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

Surface Owner Information:

Name: Michael and Renee Barr
Address 1: 637 California Rd
Address 2: _____
City: Iola State: KS Zip: 66749 + _____

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: 05/05/2016 Signature of Operator or Agent: _____ Title: Manager

KCC WICHITA

MAY 12 2016

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