### 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: MUST be subn	nitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 4-1-16
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 140644
Gas Gathering System:	Lease Name: Groff Trust
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	sw _ se _ Sec26 _Twp14 _ R21 E V W
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Trego
Number of Injection Wells **	Production Zone(s): Marmaton
Field Name: Evergreen Northwest	Injection Zone(s):
** Side Two Must Be Completed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
Past Operator's License No. 31120	Contact Person: Allen Gross
Past Operator's Name & Address: Pelican Hill Oil & Gas, Inc	Phone: 949-632-5789
3556 North Fork Ave. Carslbad, CA. 92010	Date: 5-26-16
Title: Owner	000 91
Title:	Signature: KCC WICHITA
34746	
New Operator's License No.	Contact Person: Ron Amini MAY 3 1 2016
New Operator's Name & Address: Spiral Energy Corp.	Phone: 432-686-2883 <b>RECEIVED</b>
300 N. Marienfeid St., Ste 830 Midiand, TX. 79701	Cil / Gas Purchaser: Coffeyville
	Date: 5 - 23 - 16
Title: President	Signature: Ron Aming by B. N Robinson, POA
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	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.:
	,
Date:	Date:
Authorized Signature	Authorized Signature
	PRODUCTION 0 TO 10 District

#### Side Two

### Must Be Filed For All Wells

	No.: 140644 Groff Trust			sw sw se 26-14s-21w	
<sup>-</sup> Lease Name	Oron Trust				
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
1-26	15-195-22623	330 Circle	2310 FEL FWL	oil	prod
<u> </u>	-	FSL/FNL	FEL/FWL		
-		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		<u> </u>
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		FSL/FNL	FEL/FWL	-	KCC WICHITA
		FSL/FNL	FEL/FWL		MAY 3 1 2015
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		

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.

OPERATOR: License # 34746	Well Location:			
Name: Spiral Energy Corp.				
Address 1: 300 N. Marienfeld St., Ste 830				
Address 2:	Lease Name: Groff Trust Wel	I #: <u>1-26</u>		
City: Midland State: TX Zip: 79701 +	If filing a Form T-1 for multiple wells on a lease, enter th	ne legal description of		
Contact Person: Ron Amini	the lease below:			
Phone: ( 432 ) 686-2883 Fax: ( )				
Email Address:				
Surface Owner Information:				
Name: Leo Groff Trust	When filing a Form T-1 involving multiple surface owners	s attach an additional		
Address 1: 865 Ellis Av	sheet listing all of the information to the left for each su	rface owner. Surface		
	owner information can be lound in the records of the reg			
Address 2:	, , , , , ,			
If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa	(Cathodic Protection Borehole Intent), you must supply the s ds, tank batteries, pipelines, and electrical lines. The locations	s shown on the plat		
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If this form is being submitted with a Form C-1 (Intent) or CB-1 the KCC with a plat showing the predicted locations of lease roa are preliminary non-binding estimates. The locations may be en Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Nowner(s) of the land upon which the subject well is or v CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number	(Cathodic Protection Borehole Intent), you must supply the sats, tank batteries, pipelines, and electrical lines. The locations bered on the Form C-1 plat, Form CB-1 plat, or a separate plat plat otice Act (House Bill 2032), I have provided the following to fill be located: 1) a copy of the Form C-1, Form CB-1, Form a form being filed is a Form C-1 or Form CB-1, the plat(s) required; fax, and email address.	s shown on the plat may be submitted. the surface T-1, or Form juired by this		
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