### 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,
MIST he submitted with this form

Check Applicable Boxes:	llea with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 4/1/2016  KS Dept of Revenue Lease No.: 230622  Lease Name: Teague		
Gas Lease: No. of Gas Wells 2 **			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	SE _ SW _ SE _Sec. 22 _ Twp. 24 _ R 19 _ V E _ W		
feet from E / W Line	Legal Description of Lease: E/2 of Ne/4 & SE/4 of Section 22		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Allen		
Number of Injection Wells **	Production Zone(s): Bartlesville Sand		
Field Name:	Injection Zone(s):		
** Side Two Must Be Completed.	injection zone(s):		
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 OR Drilling Received KANSAS CORPORATION COMMISSION		
Past Operator's License No. 33221 🗸	Contact Person: Marie Lewis MAY 2 6 2016		
Past Operator's Name & Address: Roxanna Pipeline, Inc.	Phone: 214-691-6216		
,	CONSERVATION DIVISION WICHITA, KS		
Title: Geological Assistant	Signature: Maru Bla76		
New Operator's License No. 34480 ✓	Contact Person: Konald D. Caltan		
New Operator's Name & Address: Ronald D. Coltrane	Phone: 620-496-2441		
2515 N. Dakota Rd			
LaHarpe, KS 66751	Oil / Gas Purchaser:  Date: 5/24/46		
Title: Co/ownu	Signature: Nonald D. Collians		
Acknowledgment of Transfer: The above request for transfer of injection a	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 a	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.:			
Termit No	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
DISTRICT EPR 4/7/16 F	PRODUCTION $6-9-16$ UIC $6-8-16$		
Mail to: Past Operator New Operato	orDistrict		

#### Side Two

#### Must Be Filed For All Wells

	No.: 230622		-		
* Lease Name:	Teague		* Location:		
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
22-1	15-001-29612 🗸	330 (FSI) FNL	1650 FED FWL	gas	shut in
22-2	15-001-29832 /	650 FSL/FNL	1650 FEL/FWL	gas	shut in
·		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		Received
		FSL/FNL	FEL/FWL		MAY 2 6 2016
		FSL/FNL	FEL/FWL		ONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		
		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

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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) X T-1 (Transfer) — CP-1 (Plugging Application)		
OPERATOR: License # 33221  Name: Roxanna Pipeline, Inc.	Well Location:  SE_SW_SE - Sec. 22 Twp. 24 S. R. 19 X East West		
Address 1: 4600 Greenville Ave., Ste. 200	County: Allen		
Address 2:	Lease Name: Teague Well #:		
City: Dallas State: TX Zip: 75206 +			
Contact Person: Marie Lewis	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: E/2 of NE/4 & SE/4 of Section 22		
Contact Person: Marie Lewis  Phone: ( 214 ) 691-6216			
Email Address: mlewis@hwell.com	-		
Surface Owner Information:			
Name: Ronald D. Coltrane Address 1: 2515 N. Dakota Rd	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		
Address 1: 2515 N. Dakota Rd			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: La Harpe State: KS Zip: 66751 +			
the KCC with a plat showing the predicted locations of lease roads, ta	nodic Protection Borehole Intent), you must supply the surface owners and the batteries, pipelines, and electrical lines. The locations shown on the plat to not not not not not not not not the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface clocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form to being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.		
KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CF	g fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.		
I hereby certify that the statements made herein are true and correct I	to the best of my knowledge and belief		
4/19/2016	Geological Assistant		
4/19/2016 Date: Signature of Operator or Agent:	Wille: Title:		
I	Received  KANSAS CORPORATION COMMISSION		

MAY 2 6 2016