### 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: Effective Date of Transfer: 4/13/2016 Oil Lease: No. of Oil Wells \_ Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 128059 Gas Gathering System: Lease Name: Stoll Saltwater Disposal Well - Permit No.: \_\_\_ \_<u>sw</u>\_<u>nw</u>\_<u>nw</u>\_<u>Sec.</u> 23 Twp. 13 R. 33 E \_ feet from N / S Line Legal Description of Lease: W/2 23-13-33 \_\_ feet from | E / Enhanced Recovery Project Permit No.: \_\_ County: Logan Entire Project: Yes No Number of Injection Wells. Production Zone(s): LKC Field Name: Smokey Hill Injection Zone(s):\_ \*\* Side Two Must Be Completed. Surface Pit Permit No.: N / S Line of Section (API No. if Drill Pit, WO or Haul) W Line of Section feet from Type of Pit: Emergency Haul-Off Workover Jayme Wollison Past Operator's License No. Contact Person: Past Operator's Name & Address: Circle Star Operating Corp Phone: 817-744-8506 7065 Confederate Park Rd, Suite 102, Forth Worth, TX 76108 Date: . Title: VP of Operations Signature: 31086 Rick Schreiber New Operator's License No. Contact Person: Phone: 620-793-2032 New Operator's Name & Address: Richlan Drilling 598 2nd Ave. Beaver, KS 67525 Oil / Gas Purchaser Title: Owner Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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 \_\_\_\_\_ . Recommended action: \_ permitted by No.: \_ Date: Date: Authorized Signature Authorized Signature DISTRICT -Mail to: Past Operator

#### Side Two

#### Must Be Filed For All Wells

	No.: 128059		*1 S	W NW NW Sec 23-13	3s-33w
Lease Name:	Gion		* 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/Abandone
1-23	15-109-20449 /	990 Circle FSL/FNL	330 Circle	oil	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		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		MAY 3 1 2016
		FSL/FNL	FEL/FWL		RECEIVED
		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.

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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:	-1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 31086	_ Well Location:		
Name: Richlan Drilling	SW_NW_NW Sec. 23 Twp. 13 S. R. 33 East X West		
Address 1: 598 2nd AVe	County: Logan		
Address 2:	Lease Name: Stoll Well #: 1-23		
City: Beaver State: KS Zip: 67525 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Rick Schreiber	the lease below:		
Contact Person: Rick Schreiber  Phone: ( 620 ) 793-2032 Fax: ( 620 ) 587-3229			
Email Address: schreiberrj@hbcomm.net	_		
Surface Owner Information: Name: Stoll Farm and Ranch Corp Address 1: HC1 Box 58	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 2:	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	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:			
owner(s) of the land upon which the subject well is or will be	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.		
KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and addre	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this less of the surface owner by filling out the top section of this form and the 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 C	ing fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.		
I hereby certify that the statements made herein are true and correct	t to the best of my knowledge and betref.		
Date: Signature of Operator or Agent: Sails	and to shall the owner MAY 3 1 2016		
	RECEIVED		