KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 July 2014 Form must be Typed Form must be Signed Alf 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 sub-	mitted 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.: 1038216950 23184
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	Lease Name: BENEKE
Spot Location:feet from N / S Line	Sec24_Twp33_R18 _ E _ W
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: LABETTE
Number of Injection Wells**	Production Zone(s): CHEROKEE COALS
Field Name:CHEROKEE BASIN COAL AREA	
** Side Two Must Be Completed.	Injection Zone(s):
NA NA	
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section
	feet from F / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover DL Drilling
Past Operator's License No.	Contact Person: Brian Lingard KCC WICH!T
Past Operator's Name & Address: Exodus Gas & Oil LLC	Phone: 281-822-3939 KCC 10 2016
1001 McKinney St. Ste. 804 Houston, TX 77002	5/5/2016 IIIN
Title: Managing Partner	Date: RECEIVED
Title:	Signature: RL0
35018	Paymond 1 Cilhart
New Operator's License No.	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
	Date: 5/5/2016
Field Operations Manager	Signature:
	Signature:
Acknowledgment of Transfer: The above request for transfer of injection	authorization elutaca nit parmit # NA
	authorization, stirtace pit permit #has been 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 nit nermit
,	and a special state of the spe
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.:
	portunited by 1907.
Date:	Date:
Authorized Signature	Authorized Signature 2016
	PRODUCTION 7-19-16 JUL 19 20 16
Mail to: Past Operator New Operation	

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 231849 1038216950

* Lease Name: _	BENEKE	-	Location:	SE/4	N/2 SW/4
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro	Section Line on South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
16-24	15-099-23902-0001	Circle 847 FSDFNL	Circle 1005 FELFWL	GAS	PROD
12-24	15-099-23903-0001	2060 FSDFNL	875FEL/FWL)	GAS	PROD
10-24	15-099-23901		1858FELJ=WL	GAS	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 _		
		FSL/FNL _	FEL/FWL _		
		FSL/FNL _	FEL/FWL _		KCC WICHITA
		FSL/FNL _	FEL/FWL _		JUN 1 0 2016
		FSL/FNL _	FEL/FWL		RECEIVED
		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		
		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.

OPERATOR: License # 35018	
LIUGIISW CHEIOVIII.	Well Location:
P.O. BOX 578	
Address 1:	County: LABETTE
Address 2: Dewey OK 74029	Lease Name: BENEKE Well #:
City: Dewey State: OK Zip: 74029 + Contact Person: Ray Gilbert	— If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: 620 820-9687	SE/4 & N/2 SW/4
Phone: (820-9687 Fax: ()	
Surface Owner Information:	
Name: RODNEY J. BENEKE REV LIV TR	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 1855 24000 RD	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.
City: PARSONS State: KS Zip: 67357 +	
If this form is being submitted with a Form C-1 (Intent) or CB	3-1 (Cathodic Protection Borehole Intent) you must supply the surface WICh
If this form is being submitted with a Form C-1 (Intent) or CB the KCC with a plat showing the predicted locations of lease r are preliminary non-binding estimates. The locations may be	B-1 (Cathodic Protection Borehole Intent), you must supply the surface where and roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be supplying the C
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 supported. 2
are preliminary non-binding estimates. The locations may be Select one of the following: I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is o	r Notice Act (House Bill 2032), I have provided the following to the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the platter be surface by the form being filed is a Form C-1 or Form CB-1.
Select one of the following: I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is o CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone number I have not provided this information to the surface own KCC will be required to send this information to the s	r Notice Act (House Bill 2032), I have provided the following to the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this ber, fax, and email address. The location shows no the plat of the surface owner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this address of the surface owner by filling out the top section of this form and
Select one of the following: I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is o CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone number of the provided this information to the surface own KCC will be required to send this information to the stask, I acknowledge that I must provide the name and that I am being charged a \$30.00 handling fee, payable.	r Notice Act (House Bill 2032), I have provided the following to the surface or will be located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this ber, fax, and email address. Iner(s). I acknowledge that, because I have not provided this information, the surface owner(s). To mitigate the additional cost of the KCC performing this diaddress of the surface owner by filling out the top section of this form and lie to the KCC, which is enclosed with this form.
Are preliminary non-binding estimates. The locations may be select one of the following: I certify that, pursuant to the Kansas Surface Owner owner(s) of the land upon which the subject well is o CP-1 that I am filing in connection with this form; 2) if form; and 3) my operator name, address, phone number I have not provided this information to the surface own KCC will be required to send this information to the stask, I acknowledge that I must provide the name and that I am being charged a \$30.00 handling fee, payable for choosing the second option, submit payment of the \$30.00.	RECENTRATE AND COMPANY TO THE PORT OF THE PROVIDED TO THE PORT OF