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:	fUST be submitted 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.: 1036649695 22952
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	S Line
feet from E /	W Line Legal Description of Lease:
Enhanced Recovery Project Permit No.:	SW/4
Entire Project: Yes No	County: ALLEN
Number of Injection Wells **	Production Zone(s): CHEROKEE COALS
Field Name: CHEROKEE BASIN COAL AREA	Injection Zone(s):
** 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 Set	
Past Operator's License No.	Contact Person: Brian Lingard
Past Operator's Name & Address: Exodus Gas & Oil	I LLC 281-822-3939
1001 McKinney St. Ste. 804 Houston, TX	77002 5/5/2016
Title: Managing Partner	Date:
Title:	Signature: / / / / / / /
35018 ✓	Raymond L. Gilbert
New Operator's License No.	Conjact Person: -
New Operator's Name & Address: Entransco Energy P.O. Box 578 Dewey, OK 74029	LLC Phone: 620-820-9687, 918-331-6708
	Oil / Gas Purchaser: NA KCC WICHIT
	Date: 5/5/2016 KCC 11 9 2016
Title: Field Operations Manager	
	Signature: RECEIVE
Acknowledgment of Transfer: The above request for transfer	
	s Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership in	
is acknown	wledged as is acknowledged as
the new operator and may continue to inject fluids as aut	thorized 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 on 16
DISTRICT EPR 7-//-	PRODUCTION 7-72-10 VIC 122010
Mail to: Past Operator	New Operator District

Side Two

Must Be Filed For All Wells

Lease Name: _	COVEY JI		* Location:	SW	SW/4	
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro	ction Line South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
27-B4	15-001-29595	Circle FSL FNL	Circle— FEL/EWL	GAS	PROD	
		FSL/FNL	FEL/FWL	170		
-		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 _	0.00		
		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 MICH	
		FSL/FNL _	FEL/FWL _	27.614	IIIN TO 20	
		FSL/FNL _	FEL/FWL _		RECEIV	
		FSL/FNL	FEL/FWL _			
		FSL/FNL	FEL/FWL _			
		FSL/FNL	FEL/FWL _			
	7-14	FSL/FNL _	FEL/FWL			
		FSL/FNL _	FEL/FWL			
			FEL/FWL			
		ESI /ENI	EEL/EMI			

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

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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:	-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)		
35018			
OPERATOR: License # 35018 Name: Entransco Energy LLC	_ Well Location:		
Name: P.O. Box 578			
Address 1: P.O. BOX 578	County:		
Address 2:	Lease Name: COVEY JL Well #: 27-B4		
City: State: Zip:+ Ray Gilbert State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Hay Gilbert	the lease below:		
Phone: () 820-9687 Fax: () Phone: raygilbert@cableone.net			
Email Address: raygilbert@cableone.net			
Surface Owner Information: Jeneda a Carpenter Tr	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 1404 N WALNUT RD	sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	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.		
City: State:KS _ Zip: +			
the KCC with a plat showing the predicted locations of lease roads, ta	hodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations show the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:	RECE!\		
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I	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 in being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this		
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the	ss of the surface owner by filling out the top section of this form and		
lf choosing the second option, submit payment of the \$30.00 handlin form and the associated Form C-1, Form CB-1, Form T-1, or Form Cl	ng 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 5/11/2016 Date: Signature of Operator or Agent:	Field Operations Manager		
Signature of Operator of Agent:	Title:		