KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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: 1/1/2016 Oil Lease: No. of Oil Wells Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: __ Gas Gathering System: Saltwater Disposal Well - Permit No.: ... _ feet from N / S Line Legal Description of Lease: _ feet from E / W Line SW/4 Enhanced Recovery Project Permit No.: Entire Project: Yes No **Number of Injection Wells** CHEROKEE COALS Production Zone(s): CHEROKEE BASIN COAL AREA Field Name: Injection Zone(s): ** Side Two Must Be Completed. NA Surface Pit Permit No.: feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Workover OF Drilling Haul-Off Type of Pit: Emergency Burn Settling 34420 / **Brian Lingard** Past Operator's License No. JUN 10 2016 **Exodus Gas & Oil LLC** 281-822-3939 Past Operator's Name & Address: 1001 McKinney St. Ste. 804 Houston, TX 77002 5/5/2016 Date: Managing Partner Signature: 35018 Raymond L. Gilbert New Operator's License No. **Entransco Energy LLC** 620-820-9687, 918-331-6708 New Operator's Name & Address: P.O. Box 578 Dewey, OK 74029 Oil / Gas Purchaser: 5/5/2016 Date: Field Operations Manager Signature: 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 __ . Recommended action: . permitted by No.: _ Date: Authorized Signature Authorized Signature DISTRICT -

Mail to: Past Operator

Must Be Filed For All Wells

* Lease Name: Well No.	STANLEY M		* Location:	SW/4	
	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)
	15-001-29042	5_001_29042 W 374 2042	Circle FELIFWL	GAS	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	- Company of the Comp	-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		***
	***************************************	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL .		
		FSL/FNL	FEL/FWL	1.00	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL .		KCC WICH!T
704		FSL/FNL	FEL/FWL _		NCC 10 5016
	· · · · · · · · · · · · · · · · · · ·	FSL/FNL	FEL/FWL		RECEIVE
		FSL/FNL	FEL/FWL _		RECEIV
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
·		FSL/FNL	FEL/FWL	V-	
	***	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
xp-186		FSL/FNL	FEL/FWL _	- model -	
		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.

Select the corresponding form being filed: C-1 (Intent) CB	-1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 5018	Well Location:
Nome: Elitrarisco Elicigy ELO	SESW_Sec10_Twp26S. R20
P.O. Box 578 Address 1:	County: ALLEN
Address 2:	Lease Name: STANLEY M Well #: D2-10
City: Dewey State: OK Zip: 74029	Were Secretary Williams
Ray Gilbert	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
620 820-9687 Sand	
Phone: () 820-9687 Fax: ()	
Surface Owner Information: Name: MARVIN I & RETA E STANLEY REV TR	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
Address 1: 435 3600 ST	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:ELSMORE State: _KS Zip: _66732 +	
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.
-	VCC MICH
I certify that, pursuant to the Kansas Surface Owner Notice 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	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, and the model by this model by the companies of the plat (s) required by this c, and email address.
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ess of the surface owner by filling out the top section of this form and e 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	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	to the best of my knowledge and belief. Field Operations Manager Title:
Date: Signature of Operator or Agent:	Title: