

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:

- Oil Lease: No. of Oil Wells 1 **
- Gas Lease: No. of Gas Wells _____ **
- Gas Gathering System: _____
- Saltwater Disposal Well - Permit No.: _____
- Spot Location: _____ feet from N / S Line
_____ feet from E / W Line
- Enhanced Recovery Project Permit No.: _____
- Entire Project: Yes No
- Number of Injection Wells _____ **

Effective Date of Transfer: May 17, 2016

KS Dept of Revenue Lease No.: 118631 ✓

Lease Name: McDaniel, Grace

_____ SESE Sec. 19 Twp. 30 R. 16 E W

Legal Description of Lease: See attached description

County: Wilson

Production Zone(s): _____

Injection Zone(s): _____

Field Name: _____

**** Side Two Must Be Completed.**

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

_____ feet from N / S Line of Section
_____ feet from E / W Line of Section

Type of Pit: Emergency Burn Settling Haul-Off Workover OR Drilling

Past Operator's License No. 32165 ✓

Past Operator's Name & Address: Gerri Claibourn
4312 Thomas Road, Neodesha, KS 66757

Title: Owner

Contact Person: Gerri Claibourn

Phone: 620-920-0315

Date: 6-28-2016

Signature: Gerri Claibourn

New Operator's License No. 34666 ✓

New Operator's Name & Address: CTR 247, LLC
P.O. Box 318
Longton, KS 67352

Title: Member

Contact Person: Zach Milligan

Phone: 785-341-2983

Oil / Gas Purchaser: PACER

Date: 6-28-2016

Signature: Zach Milligan

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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
the new operator and may continue to inject fluids as authorized by
Permit No.: _____ Recommended action: _____

Date: _____
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____
Authorized Signature

DISTRICT _____ EPR 7-20-16 PRODUCTION 7-21-16 UIC JUL 21 2016

Mail to: Past Operator _____ New Operator _____ District _____

Must Be Filed For All Wells

KDOR Lease No.: 118631

* Lease Name: McDaniel, Grace

* Location: Sec. 19, T30S, R16E

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)
<u>1</u>	<u>15-205-23195</u> ✓	<u>1100</u> ^{Circle} FSL /FNL	<u>900</u> ^{Circle} FEL /FWL	<u>Oil</u>	<u>Prod.</u>
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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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.

Beginning at a point 1,311 feet West of the Northeast Corner of the SE/4 SE/4 of Section 19, Township 30, Range 16, thence South a distance of 445 feet, more or less, thence West a distance of 400 feet, more or less, to center line of Fall River, thence up the stream along the center line of Fall River a distance of 455.75 feet, more or less, to center of Neodesha Fredonia Road, thence along said center of said road 321.80 feet, more or less, to point of beginning, and containing 3 3/4ths acres, more or less

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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) T-1 (Transfer) CP-1 (Plugging Application)

OPERATOR: License # 34666
Name: CTR 247, LLC
Address 1: P. O. Box 318
Address 2: _____
City: Longton State: KS Zip: 67352 + _____
Contact Person: Zach Milligan
Phone: (785) 341-2983 Fax: (_____) _____
Email Address: _____

Well Location:
SE SE Sec. 19 Twp. 30 S. R. 20 East West
County: Wilson
Lease Name: McDaniel, Grace Well #: _____

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

See attached description

Surface Owner Information:

Name: Wilma G. Matthews Estate, c/o Steven Ray Matthews
Address 1: 1087 W. River St., Ste. 230
Address 2: _____
City: Boise State: ID Zip: 83702 + _____

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 county, and in the real estate property tax records of the county treasurer.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat 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 submitted.

Select one of the following:

- I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 6-28-2016 Signature of Operator or Agent: _____

Member
Title: _____

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