District

#### 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: Oil Lease: No. of Oil Wells 6/1/2016 Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 224577 Gas Gathering System: Lease Name: Strubbe Saltwater Disposal Well - Permit No.: \_\_ \_- <u>NW \_ SW \_ SE \_Sec. \_9 \_\_Twp. \_\_16 \_\_R. \_\_25 \_\_</u> ✓ E \_\_W Spot Location: \_ feet from N / Legal Description of Lease: NW SW SE Sec 9-16S-25E feet from E / W Line Enhanced Recovery Project Permit No.: \_ Entire Project: Yes No County: \_Miami Number of Injection Wells Production Zone(s): Cherokee Field Name: Forest City Coal Gas Area Injection Zone(s):\_ \*\* Side Two Must Be Completed. Surface Pit Permit No.: \_ \_ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) W Line of Section Received Drilling ANSAS CORPORATION COMMISSION Type of Pit: Emergency Burn Settling 34570 JUN 2 2 2016 Past Operator's License No. Contact Person: Past Operator's Name & Address: Central States Energy **CONSERVATION DIVISION** WICHITA, KS 24850 Farley Bucyrus KS 66013 "See attached lease agreement" Title: Signature: New Operator's License No. LaDawn Ferrell Contact Person: New Operator's Name & Address: Eastern Kansas Operating LLC Phone: 620-672-9700 9532 E Riggs Road Sun Lakes AZ 85248 Oil / Gas Purchaser: Riverdale Title: Agent 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 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 DISTRICT -Mail to: Past Operator \_ **New Operator** 

#### Side Two

#### Must Be Filed For All Wells

| KDOR Lease    | No.: 224577                  |   |              |                                   |                                       |  |  |  |  |  |
|---------------|------------------------------|---|--------------|-----------------------------------|---------------------------------------|--|--|--|--|--|
| * Lease Name: | Strubbe                      | e * Location: 9-16-25E                                      |              |                                   |                                       |  |  |  |  |  |
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line (i.e. FSL = Feet from South Line) |              | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned)  |  |  |  |  |  |
| 15            | 15-121-27729-0000            | 900 SUFFIL  | 2970 (FILEV) | GAS                               | PROD                                  |  |  |  |  |  |
|               |                              | FSL/FNL   | FEL/FWL      |                                   |                                       |  |  |  |  |  |
|               |                              | FSL/FNL   | FEL/FWL      |                                   |                                       |  |  |  |  |  |
|               |                              | FSL/FNL   | FEL/FWL      |                                   |                                       |  |  |  |  |  |
|               |                              |   | 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      |                                   | Received KANSAS CORPORATION COMMISSIO |  |  |  |  |  |
|               |                              | 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      |                                   |                                       |  |  |  |  |  |
|               |                              | 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.

## 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 # 34971   | MATERIAL CO.   |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Name: Eastern Kansas Operating LLC  | Well Location:   |  |  |  |  |  |
| OPERATOR: License # 34971  Name: Eastern Kansas Operating LLC  Address 1: 9532 E Riggs Road   |  |  |  |  |  |  |
| Address 2:  | County: Miami Lease Name: Strubbe Well #: 15   |  |  |  |  |  |
| City: Sun Lakes State: AZ Zip: 85248 +  |  |  |  |  |  |  |
| Contact Person: LaDawn Ferrell  | If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:   |  |  |  |  |  |
| Contact Person: LaDawn Ferrell  Phone: ( 620 ) 672-9700 Fax: ( 620 ) 672-5280   | the lease below:  KANSAS CORPORATION COMMISSION  |  |  |  |  |  |
| Email Address: Iferrell@profsecservices.com   | JUN 2 2 2016   |  |  |  |  |  |
|   | CONSEDIATION   |  |  |  |  |  |
| Surface Owner Land  | CONSERVATION DIVISION WICHITA, KS  |  |  |  |  |  |
| Surface Owner Information:  |  |  |  |  |  |  |
| Name: Douglas & Gwendolyn Strubbe Address 1: 5440 W 255th Street  | 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.   |  |  |  |  |  |
|   | _  |  |  |  |  |  |
|   | athodic Protection Borehole Intent), you must supply the surface owners and  |  |  |  |  |  |
| Are preliminary non-binding estimates. The locations may be entered Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Owner (s) of the land upon which the subject well is or will be   | the death batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  The located the following to the surface performed the following to the surface performed to the form C-1. Form CB-1. Form CB-1.   |  |  |  |  |  |
| Are preliminary non-binding estimates. The locations may be entered Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be  | the Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form CB-1 the plant of the surface belonging to th |  |  |  |  |  |
| Are preliminary non-binding estimates. The locations may be entered   | the Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, the plat(s) required by this x, and email address.  I acknowledge that, because I have not provided this information, the powner(s). To mitigate the additional cost of the KCC performing this pass of the surface owner by filling out the terms.  |  |  |  |  |  |
| Are preliminary non-binding estimates. The locations may be entered Select one of the following:  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 forform; and 3) my operator name, address, phone number, fair I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the surface of the surface of the surface task. | the Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address.  I acknowledge that, because I have not provided this information, the exowner(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.  |  |  |  |  |  |
| Are preliminary non-binding estimates. The locations may be entered Select one of the following:  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 following; and 3) my operator name, address, phone number, factorized in the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the choosing the second option, submit payment of the \$30.00 handling fee.  | the Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, and email address.  I acknowledge that, because I have not provided this information, the e-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 the fee is not received with this form, the KSONA-1 will be returned.  |  |  |  |  |  |

RECEIVED KANSAS CORPORÂTION COMMISSION

MAR 2 8 2016

LÉGAL SECTION

Kansas Energy Partners I, LLC 9532 E. Riggs Rd. Sun Lakes, AZ 85248

March 23, 2016

Kansas Corporation Commission Conservation Division 266 N. Main St., Ste 220 Wichita, KS 67202-1513

To Whom It May Concern:

Please be advised that Kansas Energy Partners I, LLC, hereby appoints Eastern Kansas Operating LLC as the Operator of all of our leases.

If you should have any questions or need further information, please contact LaDawn Ferrell at 620-672-9700.

Very truly yours,

Steve Robson

Received KANSAS CORPORATION COMMISSION

JUN 2 2 2016

CONSERVATION DIVISION WICHITA, KS

SR/ms

**Enclosure** 

## EASTERN KANSAS OPERATING, LLC

| 2002, 3, 202                   |                |               | 0          | 34971      |                  |
|--------------------------------|----------------|---------------|------------|------------|------------------|
| I authorize LaD and Cottonwood | od Pipeline, L | s a signer fo | or Easter  | n Kansas ( | Operating, LLC   |
| documents.                     |                |               |            |            |                  |
| 16                             | 1              |               |            |            |                  |
| 8 ///                          |                | •             |            |            |                  |
| Steven S Robs                  | on             |               | :          |            |                  |
| Eastern Kansas                 | Operating, LI  | C             |            |            |                  |
| Cottonwood Pip                 | oeline, LLC    |               |            |            |                  |
|                                |                |               |            |            |                  |
| State of Arizona               |                |               |            |            |                  |
| County of Maria                | <u>opa</u>     |               |            |            |                  |
| On this 8 day                  | of Februan     |               |            |            | sonally appeared |
| Steven S. R                    | oloson         | _ (name of    | signer), w | hom I know | personally, and  |
| acknowledged that              | he/she execute | d the same.   |            |            |                  |
|                                |                |               |            |            |                  |

DENENE A. TILL
Notary Public - Arizona
Maricopa County
My Comm. Expires Dec 31, 2017

February 8 2016

Depune a. Till Notary Public

Received KANSAS CORPORATION COMMISSION

MAY 0 5 2016

CONSERVATION DIVISION WICHITA, KS