

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
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 2 **
☐ 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 _____ **

Field Name: Unknown

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

Effective Date of Transfer: 6-30-16
KS Dept of Revenue Lease No.: 120836/112097 ✓
Lease Name: Scott
____ - ____ - ____ SW Sec. 30 Twp. 15 R. 21 ☒ E ☐ W
Legal Description of Lease: SW/4 of the Sec.30 Twp.15 R.21E
County: Miami
Production Zone(s): Unknown
Injection Zone(s): Unknown

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. 8544 Exp. 6/30/16
C & E Well Service
Past Operator's Name & Address: 302 W. 9th
Garnett, KS 66032

Contact Person: Richard Herman
Phone: 785-448-3345

Date: 6/15/16
Signature: Richard Herman

KCC WICHITA
JUL 07 2016
RECEIVED

Title: Operator

New Operator's License No. 33640 ✓
New Operator's Name & Address: Hass Petroleum, LLC
10551 Barkley St. #307
Overland Park, KS 66212

Contact Person: Mark Hass
Phone: 913-499-8373

Oil / Gas Purchaser: Coffeyville Resources
Date: 6/15/16

Signature: [Signature]

KCC WICHITA
JUN 27 2016
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Title: Operator

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 7-11-16 PRODUCTION 7-12-16 JUL 12 2016
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Must Be Filed For All Wells

* Lease Name: **Scott** * Location: **SW/4 of the Sec.30 Twp.15 R.21E**

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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 8544
Name: C & R Well Service, a General Partnership
Address 1: 302 W. 9th
Address 2: _____
City: Garnett State: KS Zip: 66032 + _____
Contact Person: Richard Herman
Phone: (785) 448-3345 Fax: (_____) _____
Email Address: NA

Well Location:
_____ - _____ - _____ SW Sec. 30 Twp. 15 S. R. 21 ☐ East ☐ West
County: Franklin
Lease Name: Scott Well #: ALL

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

SW/4 of the Sec.30 Twp.15 R.21E

Surface Owner Information:

Name: See Attached
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip: _____ + _____

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: 6/15/16 Signature of Operator or Agent: _____

Richard Herman Title: Operator
KCC WICHITA
JUL 07 2016
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JUN 27 2016
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James Phares
4175 Stafford Rd
Wellsville, KS 66092

Derek & Leigha Gretencord
PO Box 244
Wellsville, KS 66092

Christopher & Amy Cygan
23427 Lake View Circle
Spring Hill, KS 66083

Brian & Dee Strickland
8971 E. 66th St
Raytown, MO 64133

KCC WICHITA

JUL 07 2016

RECEIVED

KCC WICHITA

JUN 27 2016

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