

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm 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.: E 25225.1
- Spot Location: 990 feet from ☐ N / ☒ S Line
- 2970 feet from ☒ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells \_\_\_\_\_ \*\*

Effective Date of Transfer: March 29, 2016KS Dept of Revenue Lease No.: 116336 ✓Lease Name: Johanning B ✓SW/4 Sec. 36 Twp. 18 R. 11 ☐ E ☒ WLegal Description of Lease: SW/4 36-18-11 ✓County: Barton ✓Production Zone(s): Lansing/KC ✓

Injection Zone(s): \_\_\_\_\_

Field Name: Mary Ida ✓**\*\* 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 SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OR ☐ DrillingPast Operator's License No. 33531 ✓  
7023Past Operator's Name & Address: Klima Well Service, Inc.Post Office Box 48, Great Bend, KS 67530Title: PresidentContact Person: Dennis Klima Received  
KANSAS CORPORATION COMMISSIONPhone: (620) 793-8888 JUL 01 2016Date: March 29, 2016 CONSERVATION DIVISION  
WICHITA, KSSignature: Dennis V. KlimaNew Operator's License No. 30458 ✓New Operator's Name & Address: RJM CompanyPost Office Box 256, Claflin, KS 67525Title: PresidentContact Person: Lawrence B. MillerPhone: (620) 588-3910Oil / Gas Purchaser: Parnon Gathering, Inc.Date: March 29, 2016Signature: Lawrence B. Miller

**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.

RJM Company is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: E-25.225 . Recommended action: None

Date: 8-4-16 Cheryl L. Beyer  
Authorized Signature

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

Date: \_\_\_\_\_  
Authorized Signature

DISTRICT #4 8-3-16 EPR 8-3-16 PRODUCTION 8-8-16 UIC 8-4-16  
Mail to: Past Operator 8-4-16 New Operator 8-4-16 District 4 8-4-16

\* Lease Name: Johanning B \* Location: Sec, 36-18-11w

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\* 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.

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Form KSONA-1  
July 2014  
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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 # 30458  
Name: RJM Company  
Address 1: Post Office Box 256  
Address 2: \_\_\_\_\_  
City: Claflin State: KS Zip: 67525 + \_\_\_\_\_  
Contact Person: Lawrence B. Miller  
Phone: ( 620 ) 588-3910 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: bugkiller\_62@hotmail.com

Well Location:  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. 36 Twp. 18 S. R. 11 ☐ East ☒ West  
County: Barton  
Lease Name: Johanning Well #: B-1, B-2, B-3  
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

SW/4 36-18-11

**Surface Owner Information:**

Name: T&C Hoffman Farms, LLC  
Address 1: 1938 NE 100 Avenue  
Address 2: \_\_\_\_\_  
City: Claflin State: KS Zip: 67525 + \_\_\_\_\_

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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: 6-29-16 Signature of Operator or Agent: Lawrence B. Miller Title: President

Norma E. Keenan Revocable Trust  
Post Office Box 111  
Victoria, Kansas 67671-0111

Marie M. Robison Trust  
401 South Ridgeview Drive  
Warrensburg, Missouri 64093-2572

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