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,
MIST be submitted with this form.

Check Applicable Boxes: MUST be submit	ted with this form.		
✓ Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 4/4/2016 KS Dept of Revenue Lease No.: 103515 Lease Name: Harzman 165 D. 11 D. 5 L. M.		
Gas Lease: No. of Gas Wells**			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.: 0-2230 7			
Spot Location: 315 feet from N / ✓ S Line	SE _ SW _ SW _ Sec, _33 Twp16S R11 _ E / W		
4387 feet from ✓ E / ☐ W Line	Legal Description of Lease: SW/4		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Barton		
Number of Injection Wells **	Production Zone(s):		
Field Name: Kraft-Prusa /	Injection Zone(s): Arbuckle (lower)		
** Side Two Must Be Completed.	Injection Zone(s).		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)	feet from E // W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
Past Operator's License No33531 √	Contact Person: Dennis Klima		
Past Operator's Name & Address: Klima Oil, Inc	Phone: 620-793-8888		
PO Box 48 Great Bend, Ks 67530	Date: 4/5/2016		
Title: President			
New Operator's License No. 35248	Contact Person: Steve Siemsen KCC WICH!		
Siemsen Operating LLC	- /85-757-3453		
New Operator's Name & Address: Siemsen Operating LLC	Oil / Gas Purchaser: Kelly Maclaskey Oil Services, Inc RECEIVED		
PO Box 27	Oil / Gas Purchaser: Kelly Maciaskey Oil Services, Inc RECEIVED		
Holyrood, KS 67450	Duto.		
Title: President	Signature: Steve Siemsen		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
0. 110			
Siemsen Operating LU 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 kaccoming the surface pit		
Permit No.: D-22.301 . Recommended action: None	permitted by No.: JUN 1 3 2016		
10000	RECEIVED		
Date: 8-4-16 Cherry Day	Date:Authorized Signature		
Authorized Signature	V-C-11 0 G-11-11		
Mail to: Past Operator September 1997 New Opera	PHODUCTION C 11 11		

Must Be Filed For All Wells

KDOR Lease	No.: 103515		· 		
Lease Name:_	Harzman	* Location: Barton County			
Well No.	API No. (YR DRLD/PRE '67)	Footage from ((i.e. FSL = Feet from	om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-009-03187-00-00	330 FSL/FNL	光 3630 (FEL/FWL	GPS - Dist. Oil	Prod
2	15-009-23112-00-01	315 FSLIPNL	4387 FEL/KWL	SWD	AL
3	15-009-23497-00-00	210 FSL)FNL	4950 FELFWL	Oil	Prod
4	15-009-23707-00-02	990 FSLANL	4950 FEL FWL	Oil	Prod
5	15-009-23926-00-00		3990 FEI/FWL	Oil	Prod
		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	K	CC WICHITA
		FSL/FNL	FEL/FWL		JUN 1 3 2016
		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 2010
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 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 35248 Name: Siemsen Operating, LLC Address 1: 408 N. Main St. Address 2: P.O. Box 27	Well Location: SE_SW_SWSec. 33 Twp. 16 S. R. 11 ☐ East ▼ West			
Address 1: 408 N. Main St.	County: Barton			
Address 2: P.O. Box 27	Lease Name: Harzman Well #: 2			
City, Holyrood State, NS 7in. 07450	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: Steve Siemsen	10 lease below: 5W/4 33-16=11w			
Phone: (620) 786-2176 Fax: (785) 252-3470	C WICHITA			
Contact Person: Steve Siemsen Phone: (620) 786-2176 Fax: (785) 252-3470 KC Email Address: steveandsheb@hbcomm.net	AY 1 8 2016			
Surface Owner Information:				
Name: Dorothy I. Brinson Living Trust	When filing a Form T-1 involving multiple surface owners, attach an additional			
Address 1: 6500 N. Cosby Ave. Address 2: Apt. 214	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.			
Address 2. Apt. 214				
City: Kanss City State: MO Zip: 64151 + 3957				
	batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
▼ I certify that, pursuant to the Kansas Surface Owner Notice Acommer(s) of the land upon which the subject well is or will be loce. CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and accommendation.	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this			
	knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.			
If choosing the second option, submit payment of the \$30.00 handling to form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.			
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief. KCC WICHITA			
Date: 04/30/16 Signature of Operator or Agent:	Lieusen Title: President JUN 13 2016			
	RECEIVED			