KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Check Applicable Boxes: MUST be submit	ited with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 114923
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	Lease Name: Chaney
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease: E/2 SE/4
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Harvey
Number of Injection Wells **	Production Zone(s):Burgess Sand
Field Name: DuBois	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: <u>P07563</u>	//20 feet from N/VS Line of Section
(API No. if Drill Pit, WO or Haul)	
Type of Pit: V Emergency Burn Settling	Haul-Off Workover Drilling
Past Operator's License No. 33974 /	Contact Person: Anthony Cook
Past Operator's Name & Address: Eagle Creek Resources, LLC	Phone: 412-741-2420
PO Box 377, Sewickley, PA 15143	Date: 6/16/2016
Title: Partner	Signature: Cook
	Signature.
New Operator's License No	Contact Person: Corky Cook
New Operator's Name & Address: Cortam, Inc.	Phone: 316-775-2521
806 Belmont Avenue, Augusta, KS 67010	Oil / Gas Purchaser: Maclaskey KCC WICHITA
	Date: 6/20/16 JUL 20 2016
Title: President	Signature: PECENTE
	RECEIVED
Acknowledgment of Transfer: The above request for transfer of injection a	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 a	above injection well(s) or pit permit.
	0 1 -
is acknowledged as	Cortam, Inc. 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
Permit No.: Recommended action:	permitted by No.: <u>PD 7563</u>
Date:	Date: 9/12/16 (Mura Kacassa)
Authorized Signature	Authorized Signature CC: Kathe
1	PRODUCTION / 9,1416 UIC 9-13-16/
Mail to: Past Operator 9/14//6 New Operato	r 9/14/16 District 2 9/14/16

Side Two

Must Be Filed For All Wells

* Lease Name	Chaney		* Location:E	E/2 SE/4 Sec. 35-24S-2	E Harvey County, KS
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)
1	15-079-20484	1320 Circle	330 FEL FWL	oil	prod
		FSL/FNL	FEL/F W L		
		FSL/FNL	FEL/FWL		
	· · · · · · · · · · · · · · · · · · ·	FSL/FNL	FEL/FWL		
tro-un-		FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	-	
	-	FSL/FNL	FEL/FWL		

4		FSL/FNL			
			FEL/FWL		
		FSL/FNL	FEL/FWL		NA
		FSL/FNL	FEL/FWL		WICHITA
		FSL/FNL	FEL/FWL		2 0 2016
		FSL/FNL	FEL/FWL	RI	ECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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.

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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 # 33736	Mail Leastion		
Name: Cortam, Inc	Well Location:		
Address 1: 806 Belmont Avenue	County: Harvey		
Address 2:	Lease Name: Chaney Well #. 1		
City: Augusta State: KS Zip: 67010 +	If filing a Form-I-1 for multiple wells on a lease enter the legal description of		
Contact Person: Corky Cook	C MIGHTAN		
Phone: (316) 775-2521 Fax: ()	If filing a Form T1 for multiple wells on a lease, enter the legal description of C1446640404.		
Email Address:			
	RECEIVED		
Surface Owner Information:			
Name: Olive H. Chaney Fields & Sandra Brody	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 10425 S. Harvesthill Rd	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.		
City: Valley Center State: KS Zip: 67147 +			
	batteries, pipelines, and electrical lines. The locations shown on the plat		
are preliminary non-binding estimates. The locations may be entered on Select one of the following:	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.		
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be low	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface 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		
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loced. 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, an I have not provided this information to the surface owner(s). I acked will be required to send this information to the surface owner.	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface 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 id email address. It is knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and		
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be low 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, an I have not provided this information to the surface owner(s). I acknowledge that I must provide the name and address of	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface 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 id email address. It knowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form.		
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Acowner(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 I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the Kell choosing the second option, submit payment of the \$30.00 handling fee.	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. It (House Bill 2032), I have provided the following to the surface 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 id email address. It is considered by the form cB-1, the plat(s) required by this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and CC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.		