SCANNED

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	vith the Kansas Surface Owner Notification Act, ted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2016			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:			
Gas Gathering System:	Lease Name: Ulmer, Henry			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease: SW/4			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Harvey			
Number of Injection Wells**	Production Zone(s): Burgess Sand			
Field Name: DuBois	Injection Zone(s):			
** Side Two Must Be Completed.	injection Zone(s):			
Surface Pit Permit No.: P07565 (API No. if Prill Pit, WO or Haul) Added C. Cook 8/32/16 Type of Pit: Emergency Burn Settling				
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: Childry Cook			
New Operator's License No. 33736 J	Contact Person: Corky Cook			
New Operator's Name & Address: Cortam, Inc.	Phone: 316-775-2521			
806 Belmont Avenue, Augusta, KS 67010	KCC WICHITA			
	Oil / Gas Purchaser: Maclaskey Date: 20/12 JUL 20 2016			
Titt President	CECT DECENTED			
Title:	Signature: RECEIVED			
Acknowledgment of Transfer: The above request for transfer of injection a	uthorization, surface pit permit # has been			
noted, approved and duly recorded in the records of the Kansas Corporation C				
Commission records only and does not convey any ownership interest in the a	· · · · · · · · · · · · · · · · · · ·			
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>P07565</u>			
Date:Authorized Signature	Date: 9/12/16 Olivia Raigosa) Authorized Signature CC + 11 ft.			
DISTRICT	RODUCTION 9714/16 UIC 9-13716, 9/14/16			

KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513

Must Be Filed For All Wells

Lease Name:	Ulmer, Henry		* Location:S	W/4 Sec. 36-24S-2E H	arvey County, KS
Well No.	No. API No. Footage from Sec (YR DRLD/PRE '67) (i.e. FSL = Feet from		Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-079-20450	1650 FSL FNL	330 Circle	oil	prod
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	1000	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		4-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/F W L		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICH!
			FEL/FWL		JUL 20 2016
		FSL/FNL	FEL/FWL		RECEIVED
		FSI /FNI	EEL/EWI		

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 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.

Select the corresponding form being filed: C-1 (Intent) CB	-1 (Cathodic Protection Borehole Intent)				
OPERATOR: License # 33736	Well Location:				
Name: Cortam, Inc					
Address 1: 806 Belmont Avenue	County: Harvey				
Address 2:	Lease Name: Ulmer, Henry Well #: 1				
City: Augusta State: KS Zip: 67010 +	s KS 7in. 67010				
Contact Person: Corky Cook	the least below:				
Contact Person: Corky Cook Phone: (316) 775-2521 Fax: () CO	MICHITY				
Email Address:	L 20 2016				
U					
	RECEIVED				
Ouriace Ourier and mander.					
Name: Frank D. & Janet K. Duvanel Address 1: 14918 NW 20th St	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. 				
Address 2:State: KS Zip: 67017 +	-				
the KCC with a plat showing the predicted locations of lease roads, t	thodic Protection Borehole Intent), you must supply the surface owners and ank batteries, pipelines, and electrical lines. The locations shown on the plat				
are preliminary non-binding estimates. The locations may be entered	d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.				
Select one of the following:					
owner(s) of the land upon which the subject well is or will b	e Act (House Bill 2032), I have provided the following to the surface se located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the being filed is a Form C-1 or Form CB-1, the plat(s) required by this c, and email address.				
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the 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 choosing the second option, submit payment of the \$30.00 handle form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.				
I hereby certify that the statements made herein are true and correct	t to the best of my knowledge and belief.				
Date: Signature of Operator or Agent:	Title: PRESIDEIVT				