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 Effective Date of Transfer: Gas Lease: No. of Gas Wells 141460 KS Dept of Revenue Lease No .: Gas Gathering System:_ Marshall Lease Lease Name: Saltwater Disposal Well - Permit No .: ___ NW - SE - SW - NW Sec. 1 Twp. 24 R. 9 ✓ E Spot Location: _ feet from N / S Line Legal Description of Lease: NW/4 of the Sec.1 Twp.24 R.9E feet from E / W Line Enhanced Recovery Project Permit No.: _ Entire Project: Yes No Greenwood County: ___ Number of Injection Wells _ Bartlesville Production Zone(s):_ Thrall-Aagard Field Name: Unknown Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: _ feet from S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover 5409 (Deceased) Bryan Marshall Past Operator's License No. Contact Person: Marshall, Lew L 620-750-0058 Past Operator's Name & Address: Phone: PO Box 306 Eureka, KS 67045 Date: Operator Title: Signature: 3534W Bryan Marshall New Operator's License No. Contact Person: Marshall Oil, LLC 620-750-0058 New Operator's Name & Address: Phone: 304 E. 9th St. Oil / Gas Purchaser Eureka, KS 67045 Operator Title: Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 _ is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by Permit No.: ___ _____. Recommended action: permitted by No.: ___ Date: Authorized Signature Authorized Signature DISTRICT ___ PRODUCTION uic 8-25-16 Mail to: Past Operator _ **New Operator** District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.:14	Marshall Lease * Location: API No. Footage from Section Line			
* Lease Name:	Marsh			NW/4 of the Sec.1 Twp.24 R.9E	
Well No.	API No. (YR DRLD/PRE '67)			Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandon.ed
#25_	15-073-24143-00-00	2214 FSLIFN	885 Circle	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		
		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	JUL 12	2016
		FSL/FNL	FEL/FWL	RECE	
		FSL/FNL _		i l	
		FSL/FNL	FEL/FWL		-
			FEL/FWL		
			FEL/FWL		
	500	FSL/FNL			

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 January 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 (C	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35346	Well Location:		
Name: Marshall Oil, LLC	NW SE SW-NW Sec. 1 Twp. 24 S. R. 9 X East West		
Address 1: 304 E. 9th St.	County: Greenwood		
Address 2:	Lease Name: Marshall Well #: 1		
City: Eureka State:KS _ Zip:67045 _ +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Bryan Marshall	the lease helow:		
Phone: (620) 750-0058 Fax: () Email Address: NA Surface Owner Information: Nemo: Lew Marshall	ATIL		
Email Address: NA			
KCC	50,16		
Surface Owner Information: Name: Lew Marshall Address 1: PO Box 306	MED		
Name: Lew Marshall RECF			
Address 1: PO Box 306	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:			
City: Eureka State: KS Zip: 67045	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 the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the	atteries, pipelines, and electrical lines. The locations shown on the plat		
Select one of the following:			
☑ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loca CP-1 that I am filing in connection with this form; 2) if the form beinform; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ng filed is a Form C-1 or Form CB-1, the plat(s) required by this		
□ I have not provided this information to the surface owner(s). I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KCO.	r(s). To mitigate the additional cost of the KCC performing this the surface owner by filling out the top section of this form and		
If choosing the second option, submit payment of the \$30.00 handling fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 w	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	e best of my knowledge and belief.		
Date: 7-12-16 Signature of Operator or Agent: Dy M			