

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,
MUST be submitted with this form.

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 1 **
- ☐ Gas Lease: No. of Gas Wells **
- ☐ Gas Gathering System:
- ☐ Sallwater Disposal Well - Permit No.:
- Spot Location: feet from ☐ N / ☐ S Line
feet from ☐ E / ☐ W Line
- ☒ Enhanced Recovery Project Permit No.: E26748
- Entire Project: Yes ☐ No ☐
- Number of Injection Wells 1 **

Field Name: ~~HUMBOLDT-CHANUTE~~ UNKNOWN

** Side Two Must Be Completed.

Effective Date of Transfer: AUGUST 24, 2016

KS Dept of Revenue Lease No.: 114376

Lease Name: ARTIE WARD

NE4 - NE4 - SE4 - Sec. 16 Twp. 27 R. 16 ☒ E ☒ WLegal Description of Lease: THE NORTHEAST QUARTER AND THE
NORTHEAST QUARTER OF THE SOUTHWEST QUARTER

County: WILSON

Production Zone(s): CATTLEMAN

Injection Zone(s): ~~CATTLEMAN~~ Bartlesville

Surface Pit Permit No.:

(API No. if Drill Pit, WO or Haul)

feet from ☐ N / ☐ S Line of Sectionfeet from ☐ E / ☐ W Line of SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 34919 Exp. 5/30/16

Past Operator's Name & Address: NATARAJA OIL CORPORATION

444 COLLINWOOD LOOP, FOLEY, AL 36535

Title: SECRETARY

Contact Person: COLLEEN R DENNIS

Phone: 620-212-2975

Date: AUGUST 24, 2016

Signature: Colleen R Dennis

New Operator's License No. 35369

New Operator's Name & Address: CLARENCE LYONS

601 N KANSAS, CHANUTE, KS 66720

Title: OWNER

Contact Person: CLARENCE LYONS

Phone: 620-778-0738

Oil / Gas Purchaser: PACER OIL

Date: AUGUST 24, 2016

Signature: Clarence Lyons

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CONSERVATION DIVISION
WICHITA, KS

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.

Lyons, CLARENCE Jr is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-26,748 . Recommended action: NONE

Date: 8-31-16 Cheryl Bayer
Authorized Signature

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

Date: _____
Authorized Signature

DISTRICT

Mail to: Past Operator

EPR

8-30-16

PRODUCTION

New Operator

UIC

District

* Lease Name: ARTIE WARD

* Location: NE4 & NE4 SE4, SEC 16, TWP 27S, RGE 16E, WILSON COUNTY

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CONSERVATION DIVISION
WICHITA, KS

* 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
**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 35369

Name: Clarence Lyons

Address 1: 601 N Kansas

Address 2:

City: Chanute State: KS Zip: 66720 +

Contact Person: Clarence Lyons

Phone: (620) 778-0738 Fax: ()

Email Address: ATMOil@yahoo.com

Well Location:

NE4 NE4 SE4 Sec. 16 Twp. 27 S. R. 16 x East West

County: WILSON

Lease Name: ARTIE WARD

Well #:

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

THE NORTHEAST QUARTER AND THE
NORTHEAST QUARTER OF THE SOUTHEAST
QUARTER

Surface Owner Information:

Name: DONNA WARD

Address 1: 22506 RENO ROAD

Address 2:

City: BUFFALO State: KS Zip: 66717 +

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.

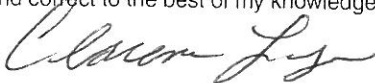
☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide 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.

August 24, 2016

Date: Signature of Operator or Agent:



Owner
Title:

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WICHITA, KS