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:	nittea with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
Gas Lease: No. of Gas Wells **			
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: NW/4		
Enhanced Recovery Project Permit No.:			
Enlire Project: Yes No	County: NEOSHO Production Zone(s): CHEROKEE COALS Injection Zone(s):		
Number of Injection Wells**			
Field Name: MOREHEAD			
** Side Two Must Be Completed.			
Surface Pit Permit No.: NA	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			
. / /			
Past Operator's License No. 34420 Exp. 7/30/16	Contact Person: Brian Lingard		
Past Operator's Name & Address: Exodus Gas & Oil LLC	Phone: 281-822-3939 Date: 5/5/2016		
1001 McKinney St. Ste. 804 Houston, TX 77002			
Title: Managing Partner	Signature:		
New Operator's License No. 35018	Contact Person: Raymond L. Gilbert		
New Operator's Name & Address: Entransco Energy LLC	Phone: 620-820-9687, 918-331-6708		
P.O. Box 578 Dewey, OK 74029	Oil / Gas Purchaser: ENTRANSCO KANSAS CORPORATION COMMIS		
	Date 5/11/2016 SEP 2 6 2016		
Title: Field Operations Manager	A PRIVATION DIVISION		
Title: Ti	Signature: CONSERVATION S. WICHITA KS		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # NA 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.		
	T		
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 lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Date	Date:		
Authorized Signature	Authorized Signature		
	PRODUCTION $(0.75-(\phi))$		
Mail to: Past Operator New Operato	District District		

Side Two

Must Be Filed For All Wells

KDOR Lease		24641					
* Lease Name: KING 17-3			* Location: N	* Location: NW/4 SEC. 17-30S-18E			
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)		
17-3	15-133-25993	4930 (FSC)	4930 (EUF)	GAS	PROD		
		FSL/FNL	FEL/FWL	3	-		
		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				
		FSL/FNI	FEL/FWL				
		FSL/FNL	FEL/FWL		MOISSILL DESCRIPTION		
		FSL/FNL	FEL/FWL	KANSASC	ROCEIVOG ORPORATION COMMISSION		
		FSL/FNL	FEL/FWL	C	ED 76 LOID		
		FSL/FNL	FEL/FWL	CO.	NSERVATION DIVISION WICHITA, KS		
		FSL/FNL	FEL/FWL				
		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.

Kansas Corporation Commission Oil & Gas Conservation Division

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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 # 35018	Well Location:
Name: Entransco Energy LLC	
Address 1: P.O. Box 578	
Address 2:	Lease Name: KING Well #: 17-3
City: Dewey State: OK Zip: 7	129
Contact Person: Ray Gilbert	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
620 820-9687	
Email Address: raygilbert@cableone.net	1000 in 1000 i
Email Address. 70	SAS CONSTRUCTION SOON
	e COLEGIAN C MILO
Surface Owner Information:	SEP 26 2010 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
Name: OLITIVATO	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 4230 DOUGLAS RD.	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:	county, and in the real estate property tax records of the county treasurer.
City: THAYER State: KS Zip: 6	76 ,
	of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat s may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the sub	ce Owner Notice Act (House Bill 2032). I have provided the following to the surface t well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this none number, fax, and email address.
KCC will be required to send this informatiask, I acknowledge that I must provide the	urface owner(s). I acknowledge that, because I have not provided this information, the in to the surface owner(s). To mitigate the additional cost of the KCC performing this name and address of the surface owner by filling out the top section of this form and ee, payable to the KCC, which is enclosed with this form.
	ne \$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, F	m I-T, or Form CP-1 will be returned.
hereby certify that the statements made herein a	true and correct to the best of my knowledge and belief.
	true and correct to the best of my knowledge and belief. Field Operations Manager