District

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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: Effective Date of Transfer: ___1/1/2016 Oil Lease: No, of Oil Wells Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: 4028096188 Gas Gathering System: Lease Name: Robert Stafford Saltwater Disposal Well - Permit No.: _ NW - SE - SE - NE Sec. 35 Twp. 30 R. 17 ✓ E W feet from N / S Line Spot Location: Legal Description of Lease: NE/4 feet from Enhanced Recovery Project Permit No.: County: NEOSHO Entire Project: Yes No Number of Injection Wells Production Zone(s): CHEROKEE COALS Field Name: Coffeyville-Cherryvale 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 Burn Settling Haul-Off Type of Pit: Emergency Workover KH Brian Lingard Past Operator's License No. Contact Person: Phone: 281-822-3939 Exodus Gas & Oil LLC Past Operator's Name & Address: 5/5/2016 1001 McKinney St. Ste. 804 Houston, TX 77002 Title: Managing Partner Signature: Contact Person: Raymond L. Gilbert 35018 New Operator's License No. 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: NA Date: _5/5/2016 Title: Field Operations Manager Signature: NA 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 and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit Recommended action: permitted by No.: ___ Authorized Signature Authorized Signature DISTRICT __

Mail to: Past Operator _

Must Be Filed For All Wells

KDOR Lease	No.: 1028096188 2	24644			
* Lease Name:	Robert Stafford	,	* Location: N '	W-SE-SE-NE SEC. 3	85-30S-17E
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
35-1	15-133-25960	2990 FS FNIL	350 Circle	GAS	PROD
Value of the second		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	See to tall the second	
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		FSL/FNL	FEL/FWL		SEP 26 2016
		FSL/FNL	FEL/FWL _		RECEIVED
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		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

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 (C	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35018	Well Location:		
Name: Entransco Energy LLC	NW SE SE NE Sec. 35 Twp. 30 S. R. 17 X East West		
Address 1: P.O. Box 578	County: NEOSHO		
Address 2:	Lease Name: ROBERT STAFFORD Well #: 35-1		
City: Dewey State: OK Zip: 74029 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Ray Gilbert	the lease below:		
620 920 0697	- ^		
Email Address: raygilbert@cableone.net			
Phone: (620) 620-9667 Fax: () Email Address: raygilbert@cableone.net Surface Owner Information: Name: ROBERT C. & PAULA STAFFORD Address 1: 2495 HWY 169 Address 2:	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 (Cathodi the KCC with a plat showing the predicted locations of lease roads, tank the 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		
I certify that, pursuant to the Kansas Surface Owner Notice Accowner(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 be form; and 3) my operator name, address, phone number, fax, and	eated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form leing filed is a Form C-1 or Form CB-1, the plat(s) required by this demail address.		
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 o that I am being charged a \$30.00 handling fee, payable to the KC	er(s). To mitigate the additional cost of the KCC performing this f 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 fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1			
to what the state of the state	7		
hereby certify that the statements made herein are true and correct to the			
5/11/2016 Date: Signature of Operator or Agent:	Field Operations Manager Title:		