### 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:	inted with this form.			
Off Lease: No. of Oil Wells**	Effective Date of Transfer: 5/16/2016			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 201925  Lease Name: Hanna Un. 1 Z			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:	SE - SE - NW- SE Sec. 29 Twp. 315 R. 43 TEJW			
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease: 1401 North 1378 west			
Enhanced Recovery Project Permit No.:	from SE Corner			
Entire Project: Yes No	County: Marton			
Number of Injection Wells **	Production Zone(s): Snawhee Group			
Field Name: Greenwood Gas Field	Injection Zone(s):			
** Side Two Must Be Completed.				
Surface Pit Permit No.:	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	Haul-Off Workover Drilling			
Past Operator's License No. 34444	Contact Person: Thomas S. Metzger			
Past Operator's Name & Address: Sovereign Operating Co LLC	Phone: 303 - 297 - 0347			
475 17th St. Svite 1200, Denver CO 80202	Date: 8/S/16			
Title: Manager	Signature: KGC WICH			
	ALIC 1 0 7010			
New Operator's License No. 35337	Contact Person: Juny F. Levengood AUG 18 2016			
New Operator's Name & Address: Douter - Atward Corporation	Phone: 336 - 809 - 0630 RECEIVE			
1875 Harsh Ave. S.E.	Oil/Gas Purchaser: ETE Energy			
Massilion OH 44649	Date: 8-15-2016			
Title: President	Signature: John Serry and			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been			
noted, approved and duly recorded in the records of the Kansas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the a	bove 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			
Permit No.: Recommended action:	permitted by No.:			
Date:	Date:			
	RODUCTION 9-26-16 UISEP 26 2016			
	District			
	5,50,50			

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 201925				
* Lease Name: _	Hanna Unit Z		* Location: 1	315 R43W, Sec	29 SESE NWSE
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from	om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
2	15-129-10164/	Circle 1901 FSL/FNI	Circle SE	Corner Gas	TA'D
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		n
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		2
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL .		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL	KC	- 1 - 2010
		FSL/FNL	FEL/FWL _		AUG 18 ZUIO
		FSL/FNL .	FEL/FWL _		RECEIVED
		FSL/FNL	FEL/FWL _		
		FSL/FNL _	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL	FEL/FWL		
		FSL/FNL _	FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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.

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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.

Select the corresponding form being filed: C-1 (Intent) CB	-1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License # 3시64시	Well Location:
Name: Soverego Operating Company LLC	
Address 1: 475 17 th Street, Suite 1200	
Address 2:	
City:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Megan Rush	the lease below:
Phone: (363 ) 297-0347 Fax: (303 ) 586-5674	A
Email Address: Mhushabseglic com	AICKI.,
*CC /	18 2016 ECENED  ECEWhen filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owners. Surface
Surface Owner Information:	18 150
Name: Tranery Land LCC	FCEWhen filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 53501 County Road Ee	sheet listing all of the information to the left for each surface owner. Surface
Address 2:	
City: Walsin State: CO zip: 81090 +	
are preliminary non-binding estimates. The locations may be entered Select one of the following:	nk batteries, pipelines, and electrical lines. The locations shown on the plat 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 subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.
KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CF	g fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.
hereby certify that the statements made herein are true and correct t	to the best of my knowledge and belief.
Date: 8/5/16 Signature of Operator or Agent:	Title: Manager
KS	ONA FEE

PAID