

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 NA **
☐ Gas Gathering System: NA
☐ Saltwater Disposal Well - Permit No.: NA
 Spot Location: 1300 feet from ☐ N / ☒ S Line
1095 feet from ☒ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: NA
 Entire Project: ☐ Yes ☐ No
 Number of Injection Wells NA **
 Field Name: ARK

Effective Date of Transfer: 6/1/2016
 KS Dept of Revenue Lease No.: 145046
 Lease Name: NOAH
 NW - NW - SE - SE Sec. 13 Twp. 10 R. 22 ☐ E ☒ W
 Legal Description of Lease: NWNWSESE 13 10S 22W
 County: GRAHAM
 Production Zone(s): Lansing-Kansas City, ARB
 Injection Zone(s): NA

**** Side Two Must Be Completed.**

Surface Pit Permit No.: _____ feet from ☐ N / ☐ S Line of Section
 (API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover **OR** ☒ Drilling

Past Operator's License No. 9810 ✓
 Past Operator's Name & Address: MCELVAIN ENERGY INC.
1050 17TH STREET STE 2500
 Title: VP PRODUCTION AND BUSINESS DEVELOPMENT

Contact Person: JOE KELLOFF
 Phone: 303-893-0933
 Date: 7/22/2016
 Signature: [Signature]

Received
KANSAS CORPORATION COMMISSION

New Operator's License No. 4058 ✓
 New Operator's Name & Address: _____
American Warrior, PO BOX 399, GARDEN CITY, KS 67846
 Title: PRODUCTION SUPERINTENDANT

Contact Person: KEVEN WILES
 Phone: 620-275-2963
 Oil / Gas Purchaser: _____
 Date: 8-1-16
 Signature: [Signature]

AUG 04 2016

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.

_____ is acknowledged as
 the new operator and may continue to inject fluids as authorized by
 Permit No.: _____ . Recommended action: _____
 Date: _____
 Authorized Signature

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

DISTRICT _____ EPR 9/16/16 PRODUCTION 9-19-16 U SEP 19 2016
 Mail to: Past Operator _____ New Operator _____ District _____

* Lease Name: NOAH * Location: NWNWSESE 13 10S 22W

Received
KANSAS CORPORATION COMMISSION
AUG 04 2016
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
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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 # 9810
Name: MCELVAIN ENERGY INC.
Address 1: 1050 17TH STREET STE 2500
Address 2: _____
City: DENVER State: CO Zip: 80265 + _____
Contact Person: JOE KELLOFF
Phone: (303) 893-0933 Fax: (303) 893-0914
Email Address: JOE.KELLOFF@MCELVAIN.COM

Well Location:
NW NW SE SE Sec. 13 Twp. 10 S. R. 22 ☐ East ☒ West
County: GRAHAM
Lease Name: NOAH Well #: 13-10

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

KCC WICHITA
AUG 04 2016
RECEIVED

Surface Owner Information:

Name: CALVIN G & JOAN A NOAH
Address 1: 329 NORTH BIRCH AVE
Address 2: _____
City: VALLEY CENTER State: KS Zip: 67147 + _____

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.

Date: 7/22/2016 Signature of Operator or Agent: Joe Kelloff Title: VP PRODUCTION & BUSINESS DEVELOPMENT