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: MUST be subm	itted with this form.		
Oil Lease: No. of Oil Wells 1	Effective Date of Transfer: July 01. 2016		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 400656		
Gas Gathering System:	Lease Name: Schuzchzer		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: South 80 acres of the SW/4		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Reno		
Number of Injection Wells ** Field Name: Burrton	Production Zone(s): Mississippi		
	Injection Zone(s):		
** Side Two Must Be Completed.			
Surface Pit Permit No.:			
(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section		
Type of Pit: Emergency Burn Settling	feet from E / W Line of Section Haul-Off Workover Of H Drilling		
,	Haul-Off Workover OR Drilling		
Past Operator's License No. 31786	Contact Person: Rob Howell		
Past Operator's Name & Address: OCFIW Oil Co., Inc.	Phone: 402-254-6586		
PO Box 756 Hartington, NE. 68739	Date: July 01, 2016		
Title: Rob Howell, President	Signature: Kol Howelf		
	710000		
New Operator's License No. 30878	Contact Person: Larry Ressler		
New Operator's Name & Address: Ressler Well Service, Inc.	620-664-0507		
PO Box 525 Burrton, KS. 67020	Received Received		
	Oil / Gas Purchaser: CVR Energy KANSAS CORPORATION OF Date: July 01, 2016		
Title: Larry Ressler, President	Date: Sury 01, 2010		
	Signature: Land / Land CONSERVATION DIVISION WICHITA, KS		
Acknowledgment of Transfer: The above request for transfer of			
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Cornection of	authorization, surface pit permit # has been		
Commission records only and does not convey any ownership interest in the a	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
	soove injection well(s) or pit permit.		
is acknowledged as			
the new operator and may continue to inject fluids as authorized by	is acknowledged as		
Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit		
	permitted by No.:		
Date:	Date		
Authorized Signature / /	Date:		
	PRODUCTION 1-2016 UISEP 20 2016		
Mail to: Past Operator New Operato	District		

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 406656 MA					
* Lease Name:	Schuzchzer		* Location:	17-24-	4 W	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well Well Status (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned)		
3	15-155-02964-0000	990 Circle FSU FNL	4995 FELIFWL	Oil	Prod.	
Annual Control of the		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	Market Market Control of the Control	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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			FEL/FWL	CONSER\	CONSERVATION DIVISION WICHITA, KS	
			FEL/FWL			
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	And the second s	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 (Ca	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 30878	M. H. Constitution of the		
Name: Ressler Well Service, Inc.	Well Location:		
Address 1: PO Box 525	NW_SW_SW Sec. 17 Twp. 24 S. R. 4 East X West County: Reno		
Address 2:	Lease Name: Schuzchzer Well #: \$		
City: Burrton State: KS Zip: 67020 + 0525			
Contact Person: Larry Ressler	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: South 80 Acres of the SW/4 Sec. 17, T24S, R4W Reno Co.		
Phone: (620) 664-0597 Fax: (1)			
Phone: (620) 664-0597			
-iveo-OWW			
Surface Owner Information: Name: Sam Miller Sam Miller Sam Miller			
Surface Owner Information: Name: Sam Miller	4		
Name: Salt Wines	When filing a Form T-1 involving multiple surface owners, attach an additional		
Surface Owner Information: Name: Sam Miller Address 1: 5203 E. Trail West Rd. Address 2: CONSERVATION DIVISION CONSERVATION DIVISION CONSERVATION FOR THE PROPERTY OF THE P	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: Haven State: KS Zip: 67503 +			
the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loca CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form		
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner task, I acknowledge that I must provide the name and address of 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		
If choosing the second option, submit payment of the \$30.00 handling fer form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 was a second option.	e with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to the	g best of my knowledge and belief.		
Date: 7-3/-/6 Signature of Operator or Agent:	Title: 7-31-16		