

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm T-1
July 2014Form must be Typed
Form must be Signed
All blanks must be FilledREQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMITForm 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 5 **
- ☐ 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
- ☒ Enhanced Recovery Project Permit No.: E-23,322
- Entire Project: ☐ Yes ☒ No
- Number of Injection Wells 1 **

Field Name: Teter-Scott ✓**** Side Two Must Be Completed.**Effective Date of Transfer: July 8, 2016KS Dept of Revenue Lease No.: 114035Lease Name: Big Spring A, B, C ✓Sec. 25 Twp. 22 R. 9 ☒ E ☐ WLegal Description of Lease: E/2 25-22S-9E And 9

N/2 36-22-9E

County: Chase ✓Production Zone(s): BartlesvilleInjection Zone(s): Bartlesville ✓Surface Pit Permit No.: POO360 Sec 36-22-9E
(API No. if Drill Pit, WO or Haul)5080 feet from ☐ N / ☒ S Line of Section3040 feet from ☒ E / ☐ W Line of SectionType of Pit: ☒ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ DrillingPast Operator's License No. 6534 Schindler Oil, LLC ✓Contact Person: Robert SchindlerPast Operator's Name & Address: PO Box 92, Madison KS, 66860Phone: 620-437-2525Title: PresidentDate: 9-9-16Signature: Robert SchindlerNew Operator's License No. 33217 ✓Contact Person: David FarthingNew Operator's Name & Address: Three Rivers Exploration, LLCPhone: 620-344-4548

538 Rd 20, Olpe KS, 66865

Oil / Gas Purchaser: PlainsDate: 9-9-16Signature: David Farthing

KCC WICHITA

SEP 13 2016

RECEIVED

Title: Owner

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # POO360 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.

Three Rivers Exploration LLC is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: E-23,322. Recommended action: NONE

Date: 10-21-16 Cheryl L. Berger
Authorized Signature

Three Rivers Exploration, LLC is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: POO 360

Date: 10/20/16 Olivia Raigosa
Authorized Signature

DISTRICT 10/17/16 EPR 10/20/16 PRODUCTION 10-25-16 UIC 10-21-16
Mail to: Past Operator 10-21-16 New Operator 10-21-16 District 10-21-16

* Location: E/2 25-22S-9E and N/2 36-22S-9E

KCC WICHITA
SEP 13 2016
RECEIVED

* 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
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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 # 6534
Name: Schindler Oil, LLC
Address 1: PO Box 92
Address 2: _____
City: Madison State: KS Zip: 66860 + _____
Contact Person: Robert Schindler
Phone: (620) 437-2525 Fax: (_____) _____
Email Address: _____

Well Location:
____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West
County: Chase
Lease Name: Big Spring A, B, C Well #: _____

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

E/2 25-22S-9E and N/2 36-22S-9E

Surface Owner Information:

Name: Roscoe G. Jackson
Address 1: 116 E. 3rd Street
Address 2: _____
City: Eureka State: KS Zip: 66860 + _____

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: 9-9-16 Signature of Operator or Agent: Robert Schindler Title: Owner