District

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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 Effective Date of Transfer: 8-1-2016 Gas Lease: No. of Gas Wells 224669, 224670 KS Dept of Revenue Lease No .: _ Gas Gathering System:_ Lease Name: DENNY Saltwater Disposal Well - Permit No.: ___ Spot Location; ______feet from S Line Legal Description of Lease: 1-345-14E SASE _ feet from ___ E / __ W Line Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: MONTGOMERY Number of Injection Wells Production Zone(s): Field Name: . 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 W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Past Operator's License No. 34027, / VICKIE HARTER Contact Person: Past Operator's Name & Address: CEP MID-CONTINENT LLC Phone: 918-877-2923 P. O. BOX 970 SKIATOOK, OK 74070 Date: _ Title: CHARLES WARD, CHIEF OPERATING OFFICER Signature: Contact Person: A. BLAINE HANKS New Operator's License No. . New Operator's Name & Address: GATEWAY RESOURCES U.S.A., INC Oil/Gas Purcha Grund CRUDE 21004 1821 S.E. ARBOR DR BARTLESVILLE, OK 74006 Date: AUG n 1 2016 RECEIVED Title: A. BLAINE HANKS, PRESIDENT 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 ____

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 224669, 224670

* Lease Name:	DENNY		* Location: _1	-34S-14E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1-3	15-125-30371-0000 V	990 (FSL)FNL	2310 (FEL) FWL	GAS	ACTIVE
1-4	15-125-30290-0000	330 (FSL)FNL	330 FEI FWL	GAS	ACTIVE
		FSL/FNL	FEL/FWL	***	
	«	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	S	
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		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		AUG 0 3 2016
		FSL/FNL	FFI /FWI		RECEIVED
ana		FSI /FNI	FFI /F\M/I		KECEIVED KANSAS CORPOGRATION DIVISION AND 2 7 20 16 AND 2 7 20 16
 		EQI /ENII	EEI /E\A/I		AUS LINTION DIVISION
		FOL/FINE _	FEL/FVVL _		- CONSERVICHTA.

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.

34027	
DPERATOR: License # 34027 Name: CEP MID-CONTINENT LLC	Well Location:
Name: P., O. BOX 970	
No. 100 (100 (100 (100 (100 (100 (100 (100	County: MONTGOMERY
Address 2:	Lease Name: DENNY Well #: 1-3,1-4
State: OK Zip: 74070 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Contact Person: VICKIE HARTER Phone: (918) 877-2923 Fax: (918) 877-2921	1-34S-14E 525E
mail Address:	HIV.
100	2010
Surface Owner Information:	~CD
MELISSA AND KELLY MCINTOSH Address 1: 2575 CR 2800 REG	When filing a Form T-1 involving multiple surface owners, attach an additional
ddress 1: 2575 CR 2800	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
	accepts and in the medicates are all the second of the
ddress 2:	county, and in the real estate property tax records of the county treasurer.
this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathere KCC with a plat showing the predicted locations of lease roads, tar	odic Protection Borehole Intent), you must supply the surface owners and hk 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.
Address 2: State: KS Zip: 67301 + This form is being submitted with a Form C-1 (Intent) or CB-1 (Cathone KCC with a plat showing the predicted locations of lease roads, tar	odic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat
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