Authorized Signature

District

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 Effective Date of Transfer: 8-1-2016 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: _ Gas Gathering System: Lease Name: Gordon 11-9, 6-9 Sallwater Disposal Well - Permit No .: Twp. 33 R. 16 PE feet from N / feet from E / SENW, NE Enhanced Recovery Project Permit No.: County: Montgomery Entire Project: Yes No Number of Injection Wells 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 Haul-Off Workover Contact Person: Vickie Harter 34027 Past Operator's License No. KANSAS CORPORATION COMMISSION Past Operator's Name & Address: CEP Mid-Continent, LLC Phone: 918-877-2923 P.O. Box 970, Skiatook, Ok 74070 CONSERVATION DIVISION Title: Charles Ward, Chief Operating Officer Signature: WICHITA, KS Contact Person: A. Blaine Hanks New Operator's License No. New Operator's Name & Address: Gateway Resources U.S.A., Inc. Phone: 918-914-2212 GAS-GATEWAY RES 1821 S. E. Arbor Dr Oil / Gas Purchaller L - CF VI AUG n Bartlesville, Ok 74006 President Signature: 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 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

DISTRICT ...

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 222800, 220331				
* Lease Name:	Gordon 11-9 , 6-9		* Location:	9-33S-16E	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
11-9	15-125-29747-0001	2310 FSL FNL	2970 FEL FWL	Gas	Active
6-9	15-125-29367-0000	3600 (FSL) FNL	3600 (FEL)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		
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		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	К	Received NNSAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		AUG 2 2 2016
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL _	FEL/FWL		AUG U 3 2010
		FSL/FNL	FEL/FWL		RECEIVED
		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
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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.

Name: CEP Mid-Continent, LLC Address 1: P.O. Box 970, Skiatook, Ok 74070 Address 2: Lease City: Skiatook Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921 Email Address: Vickie.harter@cepllc.com Surface Owner Information: Name: Scott L & Amy L Barnhart Address 1: 4002 CR 4500 Address 2: City: Independence State: Kansas Zip: 67301 If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protective KCC with a plat showing the predicted locations of lease roads, tank batteries, are preliminary non-binding estimates. The locations may be entered on the Form Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Act (House owner(s) of the land upon which the subject well is or will be located: 1) CP-1 that I am filling in connection with this form; 2) if the form being filed form; and 3) my operator name, address, phone number, fax, and email a I have not provided this information to the surface owner(s). I acknowledge KCC will be required to send this information to the surface owner(s). To task, I acknowledge that I must provide the name and address of the surface owner(s).	Montgomery Name: Gordon 11-9 , 6-9 A Form T-1 for multiple wells on a lease, enter the legal description of the below: - 33- ILE SENW , NESW Integral of the information to the left for each surface owner. Surface of the register of deeds for the and in the real estate property tax records of the county treasurer.
Address 1: P.O. Box 970, Skiatook, Ok 74070 Address 2: Lease City: Skiatook State: Oklahoma Zip: 74070 + If filing the lease Contact Person: Vickie Harter the lease Contact Person: Vickie Harter Thomas: (918) 877-2923 Fax: (918) 877-2921 Email Address: Vickie.harter@cepllc.com Surface Owner Information: Name: Scott L & Amy L Barnhart Address 1: 4002 CR 4500 Address 2: City: Independence State: Kansas Zip: 67301 + If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protective KCC with a plat showing the predicted locations of lease roads, tank batteries, are preliminary non-binding estimates. The locations may be entered on the Form Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Act (House owner(s) of the land upon which the subject well is or will be located: 1): CP-1 that I am filing in connection with this form; 2) if the form being filed form; and 3) my operator name, address, phone number, fax, and email a KCC will be required to send this information to the surface owner(s). I acknowledge KCC will be required to send this information to the surface owner(s). I acknowledge KCC will be required to send this information to the surface owner(s). To task, I acknowledge that I must provide the name and address of the surface.	Montgomery Name: Gordon 11-9 , 6-9 Well #:
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City: Skiatook State: Oklahoma Zip: 74070 + If filling Contact Person: Vickie Harter the least Phone: (918) 877-2923 Fax: (918) 877-2921 Email Address: Vickie.harter@cepllc.com Surface Owner Information: Name: Scott L & Amy L Barnhart Address 1: 4002 CR 4500 Shale: Kansas Zip: 67301 + When sheet owner county. City: Independence State: Kansas Zip: 67301 + Select one of the following: If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protect the KCC with a plat showing the predicted locations of lease roads, tank batteries, are preliminary non-binding estimates. The locations may be entered on the Form Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Act (House owner(s) of the land upon which the subject well is or will be located: 1) CP-1 that I am filling in connection with this form; 2) if the form being filled form; and 3) my operator name, address, phone number, fax, and email a I have not provided this information to the surface owner(s). I acknowledg KCC will be required to send this information to the surface owner(s). To task, I acknowledge that I must provide the name and address of the surface of the surface of the surface owner(s).	a Form T-1 for multiple wells on a lease, enter the legal description o
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Phone: (918) 877-2923 Fax: (918) 877-2921 Email Address: vickie.harter@cepllc.com Surface Owner Information: Name: Scott L & Amy L Barnhart Address 1: 4002 CR 4500 where Independence State: Kansas Zip: 67301 + Cathodic Protection of the KCC with a plat showing the predicted locations of lease roads, tank batteries, are preliminary non-binding estimates. The locations may be entered on the Formation of the Independence owner(s) of the land upon which the subject well is or will be located: 1) CP-1 that I am filling in connection with this form; 2) if the form being filed form; and 3) my operator name, address, phone number, fax, and email a I have not provided this information to the surface owner(s). I acknowledge KCC will be required to send this information to the surface owner(s). To task, I acknowledge that I must provide the name and address of the surface.	ing a Form T-1 involving multiple surface owners, attach an additional ting all of the information to the left for each surface owner. Surface formation can be found in the records of the register of deeds for the and in the real estate property tax records of the county treasurer.
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that I am haing ahargad a COO AO handling too neverta to the COO which	copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this dress. that, because I have not provided this information, the nitigate the additional cost of the KCC performing this ce 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 If choosing the second option, submit payment of the \$30.00 handling fee with the	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 re	urnod
hereby certify that the statements made herein are true and correct to the best of 7-18-2016 Signature of Operator or Agent	incu.

Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1
July 2014
Form Must Be Typed
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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.

OPERATOR: License # 34027	Well Location:
Name: CEP Mid-Continent, LLC	
Address 1: P.O. Box 970, Skiatook, Ok 74070	County: Montgomery
Address 2:	Lease Name: Gordon 11-9 , 6-9 Well #:
City: Skiatook State: Oklahoma Zip: 74070 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921	9-335-1LEE SENW, NESW
Email Address: vickie.harter@cepllc.com	SENW, NESK
CC V	20/10
Surface Owner Information:	"WED
Name: Ronnie J Welton	CEA
Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921 Email Address: Vickie.harter@cepllc.com Surface Owner Information: Name: Ronnie J Welton Address 1: 3837 CR 4350	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
Address 1.	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.
Address 2: City: Independence State: Kansas Zip: 67301 + If this form is being submitted with a Form C-1 (Intent) or CB-1 (Canada Canada Can	county, and in the real estate property tax records of the county treasurer. athodic Protection Borehole Intent), you must supply the surface owners and
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