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	Effective Date of Transfer: 8-1-2016
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 226287
Gas Gathering System:	Lease Name: Hight 16-30
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	EZ of the ot
Entire Project: Yes No	County: Montgomery
Number of Injection Wells Field Name: JEFFERSON - SICAMORE	Production Zone(s): RIVETON WERE
Field Name EFFERSON - SYCHWOODE	Injection Zone(s):
** Side Two Must Be Completed.	
Surface Pit Permit No.:	foot from N. / N. / N. J. in a st Continu
(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 Drilling Wul =
Total Total	
Past Operator's License No. 34027 /	Contact Person: Vickie Harter
Past Operator's Name & Address: CEP Mid-Continent, LLC	Phone: 918-877-2923 KANSAS CORPORTED
P.O. Box 970, Skiatook, Ok 74070	Date: 8-1-2016
Tille: Charles Ward, Chief Operating Officer	OF BUATION DIVISION
Title.	Signature: CONSERVATION KS
New Operator's License No. 32353	Contact Person: A. Blaine Hanks KCC WICHITA
New Operator's Name & Address: Gateway Resources U.S.A., Inc.	Phone: 918-914-2212 6AS-6ATEWAY RES 32353 AUG 03 2016
1821 S. E. Arbor Dr	Oil/Gas Purchassed - CFVL CRUDE 21004 RECEIVED
Bartlesville, Ok 74006	Date AUG 01 2016
	Date 1100 02 20
Fitle: President	Signature: A - PL-5
Acknowledgment of Transfer: The above request for transfer of injection a	has been
	authorization, surface pit permit # has been Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	
and a second stay and a second	Boto Injudion Wanto of pit pormit.
is acknowledged as	is acknowledged as
he new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
emit No	permitted by 140
Date:	Dale:
Authorized Signature	Authorized Signature
DISTRICT EPR /0-/0-/6 P	RODUCTION 10-11-12016
Mail to: Past Operator New Operator	District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 226287		-		
Lease Name:	Hight 16-30		* Location:	N2 E2 E2 SE 30-335	S-16E
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)
16-30	15-125-30716-0000	1340 FSL) FNL	490 EEL FWL	Gas	Inactive
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	The second of th	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
*:1		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
<u> </u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		THE CHITA
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		AUG 0 3 2016
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KNIGO COLLAND 5 5 50.19
		FSL/FNL	FEL/FWL		CONSERVATION DIVISIO

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.

OPERATOR: License # 34027 Name: CEP Mid-Continent, LLC	
	Well Location:
PO Box 970 Skiatook Ok 74070	W2 <u>E2 E2 SE Sec. 30 Twp. 33 S. R. 16 X East West County:</u>
Address 1: P.O. Box 970, Skiatook, Ok 74070	Lease Name: Hight 16-30 Well #:
Address 2:	
State: Zip: 74070 + Vickie Harter	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:
Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921	E2 SE
mail Address: Vickie.harter@cepllc.com	EZ CO
:mail Address: Visition and Septime Service	A
Final Address: Vickie.harter@cepllc.com Surface Owner Information: Name: Michael A & Reba E Hight	(b)
Surface Owner Information:	-0
Michael A & Reba E Hight	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: 3225 CR 4100	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.
State: Kansas Zip: 67301 +	
elect one of the following:	
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loc	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form
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I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form length filed is a Form C-1 or Form CB-1, the plat(s) required by this demail address. Chowledge that, because I have not provided this information, the er(s). To mitigate the additional cost of the KCC performing this if the surface owner by filling out the top section of this form and
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