

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 1 **
- ☒ Gas Lease: No. of Gas Wells 18 22 **
- ☐ 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.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____

Field Name:

JEFFERSON-Sycamore

**** Side Two Must Be Completed.**

Effective Date of Transfer: 8-1-2016KS Dept of Revenue Lease No.: See attached ✓Lease Name: Wheeler (see attached)_____ Sec. _____ Twp. 34 R. 15 ☒ E ☐ W

Legal Description of Lease: _____

LIST ATTACHED

County: MontgomeryProduction Zone(s): Rowe, Riverston, Brille

Injection Zone(s): _____

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)_____ feet from ☐ N / ☐ S Line of Section_____ feet from ☐ E / ☐ W Line of SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling KMPast Operator's License No. 34027

Past Operator's Name & Address: CEP Mid-Continent, LLC
P.O. Box 970, Skiatook, Ok 74070

Title: Charles Ward, Chief Operating OfficerContact Person: Vickie HarterPhone: 918-877-2923Date: 8-1-2016

Signature: _____

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New Operator's License No. 32353

New Operator's Name & Address: Gateway Resources U.S.A., Inc.
1821 S. E. Arbor Dr
Bartlesville, Ok 74006

Title: PresidentContact Person: A. Blaine HanksPhone: 918-914-2212Oil / Gas Purchase: 1 - CFVL CRUDE 21004Date: AUG 01 2016

Signature: _____

AUG 03 2016

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

_____ is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: _____. Recommended action: _____

Date: _____
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____
Authorized Signature

DISTRICT _____ EPR 10-20-16 PRODUCTION 10-21-16 **OCT 21 2016**
Mail to: Past Operator _____ New Operator _____ District _____

Must Be Filed For All Wells

KDOR Lease No.: *See attached

* Lease Name: Wheeler (see attached)

* Location: 16, 17, 19, 5, 8, 3, 32, 33, 4-34S-15E

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
SEC 17-34S-15E 17-4 (225791) *	15-125-30630-0000 ✓	330 Circle FSL/FNL	330 Circle FEL/FWL GAS	Inactive
5-13	15-125-31948-0000 ✓	1497 FSL/FNL	913 FEL/FWL GAS	Inactive
5-13	15-125-31948-0400 ✓	1497 FSL/FNL	913 FEL/FWL Oil	Inactive
8-34-15 8-1 223677	15-125-30070-0100 ✓	410 FSL/FNL	738 FEL/FWL GAS	Inactive
8-34-15 8-223677	15-125-30074-0100 ✓	436 FSL/FNL	2237 FEL/FWL GAS	Active
8-34-15 8-3 (224676)	15-125-30218-0000 ✓	1650 FSL/FNL	2310 FEL/FWL GAS	Active
8-34-15 8-4 (224677)	15-125-30217-0000 ✓	1320 FSL/FNL	2310 FEL/FWL GAS	Active
5-34-15 5-1 (223973)	15-125-30078-0000 ✓	360 FSL/FNL	360 FEL/FWL GAS	Inactive
5-34-15 5-12 (223858)	15-125-30080-0000 ✓	1000 FSL/FNL	820 FEL/FWL GAS	Inactive
5-34-15 5-6 (224250)	15-125-30123-0000 ✓	2310 FSL/FNL	2640 FEL/FWL Gas	Inactive
4-34-15 4-2 (224417)	15-125-30141-0000 ✓	330 FSL/FNL	2640 FEL/FWL Gas	Active
5-34-15 5-4 (224251)	15-125-30114-0000 ✓	2310 FSL/FNL	330 FEL/FWL Gas	Active
8-34-15 8-8 (223804)	15-125-30069-0000 ✓	335 FSL/FNL	2305 FEL/FWL Gas	Active
8-34-15 8-1 (223676)	15-125-30070-0100 ✓	410 FSL/FNL	738 FEL/FWL Gas	Inactive
8-34-15 8-2 223677	15-125-30074-0001 ✓	436 FSL/FNL	2237 FEL/FWL Gas	Active
16-34-15 1-16	15-125-31071-0000 ✓	2310 FSL/FNL	1940 FEL/FWL Gas	Inactive
19-34-15 1-19 (228194)	15-125-30795-0000 ✓	2300 FSL/FNL	365 FEL/FWL Gas	Active
3-34-15 1-3 (229317)	15-125-31067-0000 ✓	935 FSL/FNL	420 FEL/FWL Gas	Inactive
32-33-15 1-32 228194	15-125-31072-0000 ✓	340 FSL/FNL	2310 FEL/FWL Gas	Inactive
33-33-15 1-33 (229085)	15-125-31123-0000 ✓	340 FSL/FNL	900 FEL/FWL Gas	Inactive
3-34-15 2-3 (229318)	15-125-31068-0000 ✓	2365 FSL/FNL	340 FEL/FWL Gas	Active
32-33-15 2-32 228194	15-125-31069-0000 ✓	424 FSL/FNL	389 FEL/FWL Gas	Inactive
5-34-15 7-5 (229102)	15-125-31073-0000 ✓	890 FSL/FNL	17000 FEL/FWL Gas	Active
		FSL/FNL	FEL/FWL	

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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.

- 3-34S-15E NWSW; WZ NW
4-34S-15E NE NW
5-34S-15E NE; WZSW; NW
8-34S-15E SW; NW
16-34S-15E NESW; NZ NWSW
17-34S-15E E 2 NE + 3 ACRES N. SIDE OF NESE
19-34S-15E SW
32-33S-15E S2S2
33-33S-15E S2SE; SE SW
34-33S-15E SWSW

Wheeler Lease Description

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Form KSONA-1

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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.

Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 34027
Name: CEP Mid-Continent, LLC
Address 1: P.O. Box 970, Skiatook, Ok 74070
Address 2: _____
City: Skiatook State: Oklahoma Zip: 74070 + _____
Contact Person: Vickie Harter
Phone: (918) 877-2923 Fax: (918) 877-2921
Email Address: vickie.harter@cepllc.com

Well Location:
_____ Sec. _____ Twp. 34 S. R. 15 ☒ East ☐ West
County: Montgomery
Lease Name: WHEELER Well #: _____

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

LIST ATTACHED

Surface Owner Information:

Name: Loren Wheeler Rev Trst 8/12/03
Address 1: Attn: John Keith
Address 2: P.O. Box 568
City: Coffeyville State: Kansas Zip: 67337 + _____

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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: 7-18-2016 Signature of Operator or Agent: Vickie Harter Title: Sr. Reg. Aff. Spec.

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OPERATOR: License # 34027
Name: CEP Mid-Continent, LLC
Address 1: P.O. Box 970, Skiatook, Ok 74070
Address 2: _____
City: Skiatook State: Oklahoma Zip: 74070 + _____
Contact Person: Vickie Harter
Phone: (918) 877-2923 Fax: (918) 877-2921
Email Address: vickie.harter@cepllc.com

Well Location:
_____ Sec. _____ Twp. 34 S. R. 15 ☒ East ☐ West
County: Montgomery
Lease Name: WHEELER Well #: _____

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LIST ATTACHED

Surface Owner Information:

Name: Linda L. Consani Trst, 8/12/03
Address 1: P.O. Box 568
Address 2: _____
City: Coffeyville State: Kansas Zip: 67337 + _____

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