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 Effective Date of Transfer: Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 117266 Gas Gathering System: Lease Name: McNett Saltwater Disposal Well - Permit No.: - NW Sec. 12 Twp. 24 R. 16 feet from N / S Line Legal Description of Lease: ____E2 NW4 feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No County: Woodson Number of Injection Wells _ Production Zone(s): Squirrel Field Name: Vernon 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 Kenneth Laymon Past Operator's License No. Contact Person: Phone: 620-963-2495 M & W Oil Company Past Operator's Name & Address: RR1, Neosho Falls, KS 66758 09/06/2016 Date: Title: Oper KANSAS CORPORATION COMMISSION Kenneth Laymon New Operator's License No. Contact Person: New Operator's Name & Address: Kenneth & Regina Laymon, LLC Phone: 620-963-2495 CONSERVATION DIVISION 1998 Squirrel Road Oil / Gas Purchaser: CVR Date: 09/06/2016 Neosho Falls, KS 66758 Title: Oper 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.: _ Date: Authorized Signature Authorized Signature DISTRICT . Mail to: Past Operator

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 117266				
* Lease Name:	McNett		* Location:	E2 NW4 12/24/16	
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)
6	15-207-24302-0000	4465 Circle	3345 Circle	oil	pr
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	6.4	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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18 4					
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		Received KANSAS CORPORATION COMMISSION
		FSL/FNL	School Market School State (1997)		SEP 0 8 2016
(2)		* ### (TOTAL STATE S	FEL/FWL		CONSERVATION DIVISION
					WICHITA, KS
		FSL/FNL .	FEL/FWL		KCC WICHITA
1 4	-		FEL/FWL		SEP 1 4 2016
		FSL/FNL	FEL/FWL		RECEIVED

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 # 32955	Well Location:		
Name: Kenneth Laymon Address 1: 1998 Squirrel Road	County: Woodson		
Address 2:	Lease Name: McNett Well #: 6		
Address 2:			
Contact Person: Kenneth Laymon	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Kenneth Laymon Phone: (620) 963-2495 Fax: (620) 963-2921 Email Address: laymon@kwikom.net	E2 NW4 SEP 1 4 2016		
Email Address: laymon@kwikom.net	RECEIVED		
Surface Owner Information:			
Name: T.L. McNett	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		
Address 1: 1221 Violet Road			
Address 2: Piqua	county, and in the real estate property tax records of the county treasurer.		
City: KS State: 66761 Zip:+			
are preliminary non-binding estimates. The locations may be entered o Select one of the following:	n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
☑ I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be I/CP-1 that I am filing in connection with this form; 2) if the form I/form; and 3) my operator name, address, phone number, fax, a surface of the connection with this form; 2) if the form I/form; and 3) my operator name, address, phone number, fax, a surface of the connection with this form; 2) if the form I/form; and 3) my operator name, address, phone number, fax, a surface of the connection with the connect	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ov	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this		
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the h	CC, which is enclosed with this form.		
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the half choosing the second option, submit payment of the \$30.00 handling	CCC, which is enclosed with this form. fee with this form. If the fee is not received with this form, the KSONA-1		
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the half choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-hereby certify that the statements made herein are true and correct to	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned. the best of my knowledge and belief.		
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the handling the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned. the best of my knowledge and belief.		