010116_Francis_Thornton.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1
March 2010
Form must be Typed
Form must be Signed

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, Check Applicable Boxes: MUST be submitted with this form. Oil Lease: No. of Oil Wells _ Effective Date of Transfer: -7/15/2010 + 0//01/16 Gas Lease: No. of Gas Wells 3 Gas Gathering System: Lease Name: FRANCES THORNTON Saltwater Disposal Well - Permit No.: ____ Spot Location: _______ feet from N / S Line _____Sec. <u>16 Twp. 30 R. 17</u> 📝 E 🗍 W _____feet from E / W Line Legal Description of Lease. s/2 of ne/4 and n/2 of se/4, sec 16 T30S R17E Enhanced Recovery Project Permit No.: _____ Entire Project: Yes No County: Wilson Number of Injection Wells ___ Production Zone(s): Summit, Excello, Bevier, Croweburg, Fleming, Weir, Neutral, Riverton Field Name: THAYER Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No.: _ ___ feet from ___ N / __ S Line of Section (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Settling Haul-Off Workover OR Drilling Exp. 7/30/16 Past Operator's License No. 34420 Brian Lingard Contact Person: Exodus Gas & Oil LLC Past Operator's Name & Address: Phone: 281-822-3939 1001 McKinney St., Suite 804 5/5/2011 _{Title:} Manager Signature: New Operator's License No. 34420 35018 Contact Person: Raymond L. Gilbert New Operator's Name & Address: Entransco Energy LLC Phone: 620-820-9687, 918-331-6708 KCC WICH!TA P.O. Box 578 Dewey, OK 74029 Oil / Gas Purchaser: Date: 5/11/2016 Field Operations Manager 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 ____ 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 Permit No.: ______. Recommended action: permitted by No.: ___ Date: Authorized Signature Authorized Signature DISTRICT ___ Mail to: Past Operator ____ New Operator District

Side Two

Must Be Filed For All Wells

KDOR Lease I	No.: 224305				
* Lease Name:_	FRANCES THORNTON		* Location: <u>5</u> 2	12 OF NE/4 - N/	12 of SE -
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)
16-1	15-205-25343	3396 FSL FILL	555 Circle	gas	producing
16-2	15-205-25398-00-0	13610 FSLE	2290 FEV FV	gas	producing
16-3	15-205-26033	1700 FSL FAL	2200 FELEW	gas	producing
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/F W L		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/F WL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	KCC WI	EHITA
		FSL/FNL	FEL/F W L	NOV 04	2016
		FSL/FNL	FEL/FWL	RECE	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/F W L		
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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.

KANSAS CORPORATION COMMISSION Oil & Gas Conservation Division

Form KSONA-1 July 2010 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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca	uthodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 35018 Name: Entransco Energy LLC	Well Location:		
Address 1: P.O. Box 578	County: Wilson		
Address 2:	Lease Name: FRANCES THORNTON Well #:		
City: Dewey State: OK Zip: 74029 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of ↑ the lease below:		
Contact Person: Ray Gilbert Phone: (620) 820-9687 Email Address: Fax: ()KCC WIC: 100 Phone: (s/2 of ne/4 and n/2 of se/4, sec 16 T30S R17E		
RECEIVED)		
Name: Frances (Thornton) Harris and Richard Harris	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the infolmation to the left for each surface owner. Surface		
Address 1: 325 Watermelon Rd	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.		
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	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 Acowner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, an	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form cling 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 ac KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling for the surface of the surface own.	ner(s). To mitigate the additional cost of the KCC performing this		
If 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-1			
I hereby certify that the statements made herein are true and correct to the	he best of my knowledge and belief.		
Date: 5/11/16 Signature of Operator or Agent:	Title: Field Operations Manager		
/ *			