

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 PERMITForm 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 **

☒ Gas Lease: No. of Gas Wells 5 **

Gas Gathering System:

☒ Saltwater Disposal Well - Permit No.: D27959.0

Spot Location: 4290 feet from ☐ N / ☒ S Line

990 feet from ☒ E / ☐ W Line

Enhanced Recovery Project Permit No.:

Entire Project: ☐ Yes ☐ No

Number of Injection Wells **

Field Name: Fredonia **Unnamed**

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

Effective Date of Transfer: 09/01/2016

KS Dept of Revenue Lease No.: 222374/224857

Lease Name: Keller

Sec. 28 29 32 Twp. 29 R. 15 ☒ E ☐ W

Legal Description of Lease: SE4 Sec. 29, S2 NW4 Sec. 28, & E2 Sec. 32, SE4 NW4 Sec. 32 all located in T29S-R15E

County: Wilson

Production Zone(s): Cherokee Basin Coals

Injection Zone(s): Mississippian

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Surface Pit Permit No.: D27959.0

(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 32912 **Exp. 9/30/16**

Past Operator's Name & Address: Carroll Energy, LLC

P.O. Box 3950, Bartlesville, OK 74006

Title: Manager

Contact Person: Douglas Lamb

Phone: 620-698-2150

Date: 09/26/2016

Signature: Douglas Lamb

New Operator's License No. 33739

New Operator's Name & Address: SEK Energy, LLC

149 Benedict Rd., P.O. Box 55

Benedict, KS 66714

Title: Manager

Contact Person: Douglas Lamb

Phone: 620-698-2150

Oil / Gas Purchaser: Coffeyville Resources/River Rock Operating/Cherokee Basin Pipeline

Date: 09/26/2016

Signature: Douglas Lamb

KCC WICHITA

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Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # D27959.0 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.

SEK Energy LLC is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D27959 Recommended action: None

Date: 11-14-16 Cheryl L. Boyer
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	PRODUCTION	UIC
Mail to: Past Operator	New Operator	District	
<u>11-14-16</u>	<u>11-14-16</u>	<u>3</u>	<u>11-14-16</u>

* Location: SE4 Sec. 29, S2 NW4 Sec. 28, & E2 Sec. 32, SE4 NW4 Sec. 32 all located in T29S R15E

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WICHITA, KS

* 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.

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Form KSONA-1
July 2014

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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 # 33739
Name: SEK Energy, LLC
Address 1: P.O. Box 55
Address 2: 149 Benedict Road
City: Benedict State KS Zip: 66714 +
Contact Person: Kerry King
Phone: (620) 698-2150 Fax: (620) 698-2150
Email Address: kking@sekenenergy.com

Well Location:
Sec. ^{28 29 32} Twp. 29 S. R. 15 ☒ East ☐ West
County: Wilson
Lease Name: Keller Well #:

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

SE4 Sec. 29, S2 ~~NW4~~ Sec. 28, & E2 Sec. 32, SE4 NW4 Sec. 32 all located in T29S-R15E

Surface Owner Information:

Name: Bruce & Jolina Ward
Address 1: 4113 Lindsey Dr.
Address 2:
City: Manhattan State KS Zip: 66502 +

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.

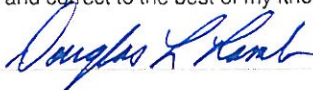
☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide 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: 09/26/2016

Signature of Operator or Agent:



Manager

Title:

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WICHITA, KS

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