

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**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 4 \*\*
- ☐ Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*
- ☐ 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: Neosho Falls-LeRoy**\*\* Side Two Must Be Completed.**Effective Date of Transfer: 9/7/16KS Dept of Revenue Lease No.: 117101Lease Name: Strawder\_\_\_\_\_ N/2 - NE Sec. 1 Twp. 23S R. 16 ☒ E ☐ WLegal Description of Lease: The N/2 of the NE/4County: CoffeyProduction Zone(s): Squirrel

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 ☒ DrillingPast Operator's License No. 5150Contact Person: Dennis KershnerPhone: 620-365-3111Date: 10/11/16Signature: [Signature]Received  
KANSAS CORPORATION COMMISSION  
OCT 27 2016  
CONSERVATION DIVISION  
WICHITA, KSPast Operator's Name & Address: P.O. Box 388Iola, Kansas 66749Title: ManagerNew Operator's License No. 3728Contact Person: Roger KentPhone: 785-448-4589 or 785-448-7725Oil / Gas Purchaser: Coffeyville ResourcesDate: 10-11-16Signature: Roger KentReceived  
KANSAS CORPORATION COMMISSION  
OCT 14 2016  
CONSERVATION DIVISION  
WICHITA, KSNew Operator's Name & Address: RJ Energy, LLC22082 NE Neosho Rd.Garnett, Kansas 66032Title: President

**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 10-27-16

PRODUCTION \_\_\_\_\_

Mail to: Past Operator \_\_\_\_\_

New Operator \_\_\_\_\_

District \_\_\_\_\_

UIC 10-28-16

\* Lease Name: Strawder

\* Location: The N/2 NE/4 of S1-T23S-R16E

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OCT 14 2016  
CONSERVATION DIVISION  
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.

KANSAS CORPORATION COMMISSION  
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**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
July 2014  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

*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 # 5150  
Name: Colt Energy, Inc.  
Address 1: P.O. Box 388  
Address 2: \_\_\_\_\_  
City: Iola State: KS. Zip: 66749 + \_\_\_\_\_  
Contact Person: Dennis Kershner  
Phone: ( 620 ) 365-3111 Fax: ( 620 ) 365-3170  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_\_. N/2 NE Sec. 1 Twp. 23 S. R. 16 ☒ East ☐ West  
County: Coffey  
Lease Name: Strawder Well #: \_\_\_\_\_

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

N/2 NE/4 Sec1-T23S-R16E

Received  
KANSAS CORPORATION COMMISSION

**OCT 27 2016**

**Surface Owner Information:**

Name: Mark E. Strawder  
Address 1: 1894 5th Rd.  
Address 2: Box 294  
City: LeRoy State: KS. Zip: 66857 + \_\_\_\_\_

CONSERVATION DIVISION  
WICHITA, KS

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*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: 10/26/16 Signature of Operator or Agent: [Signature] Title: Controller

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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

OPERATOR: License # 5150  
Name: Colt Energy, Inc.  
Address 1: P.O. Box 388  
Address 2:  
City: Iola State: KS. Zip: 66749 +  
Contact Person: Dennis Kershner  
Phone: ( 620 ) 365-3111 Fax: ( 620 ) 365-3170  
Email Address:

Well Location:  
N/2. NE Sec. 1 Twp. 23 S. R. 16 ☒ East ☐ West  
County: Coffey  
Lease Name: Strawder Well #:

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

N/2 NE/4 Sec1-T23S-R16E

Received  
KANSAS CORPORATION COMMISSION

OCT 27 2016

**Surface Owner Information:**

Name: Anita M. Kneece  
Address 1: 704 F Street  
Address 2:  
City: LeRoy State: KS. Zip: 66857 +

CONSERVATION DIVISION  
WICHITA, KS

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**Select one of the following:**

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Date: 10/26/16 Signature of Operator or Agent: [Signature] Title: Controller

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OPERATOR: License # 5150  
Name: Colt Energy, Inc.  
Address 1: P.O. Box 388  
Address 2: \_\_\_\_\_  
City: Iola State: KS. Zip: 66749 + \_\_\_\_\_  
Contact Person: Dennis Kershner  
Phone: (620) 365-3111 Fax: (620) 365-3170  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - N/2 NE Sec. 1 Twp. 23 S. R. 16 ☒ East ☐ West  
County: Coffey  
Lease Name: Strawder Well #: \_\_\_\_\_

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N/2 NE/4 Sec1-T23S-R16E

Received  
KANSAS CORPORATION COMMISSION

**OCT 27 2016**

CONSERVATION DIVISION  
WICHITA, KS

**Surface Owner Information:**

Name: Carol S. Brooks  
Address 1: P.O. Box 412  
Address 2: \_\_\_\_\_  
City: Wetida State: KS. Zip: 66091 + \_\_\_\_\_

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Name: Colt Energy, Inc.  
Address 1: P.O. Box 388  
Address 2: \_\_\_\_\_  
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Contact Person: Dennis Kershner  
Phone: ( 620 ) 365-3111 Fax: ( 620 ) 365-3170  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_\_ N/2 NE Sec. 1 Twp. 23 S. R. 16 ☒ East ☐ West  
County: Coffey  
Lease Name: Strawder Well #: \_\_\_\_\_

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N/2 NE/4 Sec1-T23S-R16E

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**OCT 27 2016**

CONSERVATION DIVISION  
WICHITA, KS

**Surface Owner Information:**

Name: Janet L. Strawder Rev Trust dtd 11/17/2003  
Address 1: 2230 Hwy 58 SE  
Address 2: \_\_\_\_\_  
City: LeRoy State: KS. Zip: 66857 + \_\_\_\_\_

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