

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 1 D+G **KCC WICHITA**
- ☒ Gas Lease: No. of Gas Wells 1 **DEC 09 2016**
- ☐ 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: Sharon**** Side Two Must Be Completed.**Effective Date of Transfer: 11/01/2016KS Dept of Revenue Lease No.: 129803 KCRLease Name: Lies____ - NW - SE - SE Sec. 14 Twp. 32 R. 10 ☐ E ☒ WLegal Description of Lease: E/2 SE/4County: BarberProduction Zone(s): Mississippian

Injection Zone(s): _____

Surface Pit Permit No.: 15-007-22258-0000

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

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OK ☐ DrillingPast Operator's License No. 5420 ✓Past Operator's Name & Address: White & Ellis Drilling, Inc.10500 E. Berkeley Square Pkwy., Ste 210, Wichita, KS 67206Title: PresidentContact Person: Thomas D. WhitePhone: 316-263-1102Date: 10/25/16Signature: [Signature]New Operator's License No. 33945 ✓New Operator's Name & Address: Bluff Creek Ridge, Inc.601 N.W. 40 RoadAnthony, KS 67003Title: PresidentContact Person: Jason CalvertPhone: 620-842-7071Oil / Gas Purchaser: CHS McPherson Refinery, Inc.Date: 11/1/16*Signature: [Signature]

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 15-007-22258-0000 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 12/15/16PRODUCTION 12-16-16LIC DEC 16 2016

Mail to: Past Operator _____

New Operator _____

District _____

* Lease Name: Lies

* Location: E/2 SE/4 of Sec. 14-32-10W

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.

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

KCC WICHITA
DEC 09 2016
RECEIVED
OPERATOR: License # 33945
Name: Bluff Creek Ridge, Inc.
Address 1: 601 N.W. 40 Road
Address 2: _____
City: Anthony State: KS Zip: 67003 + _____
Contact Person: Jason Calvert
Phone: (620) 842-7071 Fax: (_____) _____
Email Address: calvert@wiredks.com

Well Location: _____
NW SE SE Sec. 14 Twp. 32 S. R. 10 ☐ East ☒ West
County: Barber
Lease Name: Lies Well #: 1
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
E/2 of the SE/4

Surface Owner Information:

Name: James or Lori Crombie
Address 1: P.O. Box 167
Address 2: _____
City: Medicine Lodge State: KS Zip: 67104 + _____

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: 11/1/16 Signature of Operator or Agent: Jason Calvert Title: President

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OPERATOR: License # 33945

KCC WICHITA

Well Location:

Name: Bluff Creek Ridge, Inc.

DEC 09 2016

NW SE SE Sec. 14 Twp. 32 S. R. 10 ☐ East ☒ West

Address 1: 601 N.W. 40 Road

RECEIVED

County: Barber

Address 2:

Lease Name: Lies

Well #: 1

City: Anthony State: KS Zip: 67003 +

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

E/2 of the SE/4

Contact Person: Jason Calvert

Phone: (620) 842-7071 Fax: ()

Email Address: calvert@wiredks.com

Surface Owner Information:

Name: Marie M. Lies Rev Trust

Address 1: 2234 N. Covington St.

Address 2:

City: Wichita State: KS Zip: 67205 +

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 11/1/16 Signature of Operator or Agent: Jason Calvert

Title: President