KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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,

	itted with this form.
Oil Lease: No. of Oil Wells 1 0+G KCC WICHI	TAEffective Date of Transfer: 11/01/2016
Gas Lease: No. of Gas Wells ** DEC 0.9 2016	
Gas Gathering System:	
Saltwater Disposal Well - Permit No.: RECEIVED	<u>NW SESESec14Twp32R10</u> E_/ W
Spot Location:feet from N / S Line	Legal Description of Lease: E/2 SE/4
feet from E / W Line Enhanced Recovery Project Permit No.:	Legal Description of Lease:
Entire Project: Yes No	Dort or
Number of Injection Wells	County: Barber
Field Name: Sharon	Production Zone(s): Mississippian
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: 15-007-22258-0000	990
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 Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling
Past Operator's License No. 5420 J	Contact Person: Thomas D. White
Past Operator's Name & Address: White & Ellis Drilling, Inc.	Phone: 316-263-1102
10500 E. Berkeley Square Pkwy., Ste 210, Wichita, KS 67206	Date: 10/25/16
Title: President	Signature 100 man 10/k Kent
New Operator's License No. 33945	Contact Person: Jason Calvert
New Operator's Name & Address: Bluff Creek Ridge, Inc.	Phone: 620-842-7071
601 N.W. 40 Road	Oil / Gas Purchaser: CH\$ McPherson Refinery, Inc.
Anthony, KS 67003	Date: //// C
Title: President	*Signature: Jam Care
Title:	*Signature: Uman Www
Acknowledgment of Transfer: The above request for transfer of injection a	
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	
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:	P-1
Authorized Signature /	Date:Authorized Signature 0.0.1 C
	PRODUCTION 12 -16 -16 UCEC 16 2016
Mail to: Past Operator New Operato	or District

Side Two

Must Be Filed For All Wells

Well No.					
	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Wall (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-007-22258-0000	990 Circle FSL/FNL	990 FEDFWL	oil/gas	prod
<u> </u>		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		<u> </u>
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	·	
		FSL/FNL	FEL/FWL		·

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

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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.

OPERATOR: License # 33945 KCC WI	CHITA		
Name: Bluff Creek Ridge, Inc. DEC 09	2016	Well Location:	14 - 32 - 10
Address 1: 601 N.W. 40 Road		D	. 14 Twp. 32 S. R. 10 East West
Address 1: 601 N.W. 40 Road RECE	HVED	Lesse Name: Lies	Well #: 1
City: Anthony State: KS Zip: 67003 _+		Keling Com Table	vveii #;
Contact Person: Jason Calvert		the lease below:	tiple wells on a lease, enter the legal description of
Contact Person: Jason Calvert Phone: (620) 842-7071 Fax: ()	E/2 of the SE/4		
Email Address: calvert@wiredks.com			
Surface Owner Information:			
Name: James or Lori Crombie		When filing a Form T-1 inv	olving multiple surface owners, attach an additional
Address 1: P.O. Box 167		sheet listing all of the info	rmation to the left for each surface owner. Surface
Address 2:		owner information can be found in the records of the register of county, and in the real estate property tax records of the county to	eta property tay records of the pounts treesurer
		county, and in the real esta	ne property tax records of the county treasurer.
City: Medicine Lodge State: KS Zip: 67104 + If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road	(Cathodic ds, tank ba	Protection Borehole Inte	ent), you must supply the surface owners and ectrical lines. The locations shown on the plat
City: Medicine Lodge State: KS Zip: 67104 +	(Cathodic ds, tank ba	Protection Borehole Inte	ent), you must supply the surface owners and ectrical lines. The locations shown on the plat
City: Medicine Lodge State: KS Zip: 67104 + If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be entered.	(Cathodic ds, tank ba dered on th otice Act (dill be local e form beir	Protection Borehole Inte atteries, pipelines, and ele ne Form C-1 plat, Form C (House Bill 2032), I have ted: 1) a copy of the For ng filed is a Form C-1 or	ent), you must supply the surface owners and ectrical lines. The locations shown on the plat B-1 plat, or a separate plat may be submitted. The provided the following to the surface of C-1, Form CB-1, Form T-1, or Form
City: Medicine Lodge State: KS Zip: 67104 + If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be entitled to the following: Certify that, pursuant to the Kansas Surface Owner No owner(s) of the land upon which the subject well is or w CP-1 that I am filing in connection with this form; 2) if the	(Cathodic ds, tank ba ered on th otice Act (ill be local form beir fax, and c (s). I ackn ace owner ddress of	Protection Borehole Interactions, pipelines, and eleme Form C-1 plat, Form C (House Bill 2032), I have ted: 1) a copy of the Form g filed is a Form C-1 or email address. Howledge that, because I r(s). To mitigate the add the surface owner by filling.	ent), you must supply the surface owners and ectrical lines. The locations shown on the plat B-1 plat, or a separate plat may be submitted. The provided the following to the surface m C-1, Form CB-1, Form T-1, or Form Form CB-1, the plat(s) required by this have not provided this information, the itional cost of the KCC performing this no out the top section of this form and
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease road are preliminary non-binding estimates. The locations may be enterested one of the following: I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or w CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, KCC will be required to send this information to the surface owner (KCC will be required to send this information to the surface and act that I am being charged a \$30.00 handling fee, payable to the the second option, submit payment of the \$30.00 has	(Cathodic ds, tank basered on the otice Act (itill be locate form being, fax, and cace ownered dress of the KCC and ling fee	Protection Borehole Interesteries, pipelines, and eleme Form C-1 plat, Form C (House Bill 2032), I have ted: 1) a copy of the Form g filed is a Form C-1 or email address. Howledge that, because to r(s). To mitigate the address the surface owner by filling, which is enclosed with this form. If the feet	ent), you must supply the surface owners and ectrical lines. The locations shown on the plat B-1 plat, or a separate plat may be submitted. The provided the following to the surface m C-1, Form CB-1, Form T-1, or Form Form CB-1, the plat(s) required by this have not provided this information, the itional cost of the KCC performing this ng out the top section of this form and this form.
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Well Castion: Well Castion: Well Castion: Nw. SE. SE Sec 14 Twp. 32 S. R. 10 East East		KCC WICH	ΙΤΔ	
Address 1: 601 N.W. 40 Road RECEIVED County: Barber Lease Name: Lies Well #: 1 If fling a Form T-1 for multiple wells on a lease, enter the legal description for the lease below. E/2 of the SE/4 Email Address: Calvert@wiredks.com Surface Owner Information: Name: Marie M. Lies Rev Trust When filing a Form T-1 involving multiple surface owners, attach an acceptance of the surface owners. Sowner information to the left for each surface owners. Sowner information can be bund in the records of the register of deeds county, and in the real estate property tax records of the county treasure the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the 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 submit be located: 1) a copy of the Form C1. Form CB-1, Form T1, or Form CP-1 that 1 am filling in connection with this form; 2) if the form being filed is a Form C1. 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 finding 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 the estimated. I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.			Well Location:	
Address 1: 601 N.W. 40 Road 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 the lease below: E/2 of the SE/4 Email Address: calvert@wiredks.com Surface Owner Information: Name: Marie M. Lies Rev Trust Address 1: 2234 N. Covington St. Address 2: Covington St. State: KS zip: 67205 + When filing a Form T-1 involving multiple surface owners, attach an advised itsing all of the information to the left for each surface owner. So owner information can be found in the records of the register of deeds county, and in the real estate property tax records of the county treasure. So owner information can be found in the records of the county treasure the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the 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 submit the form; of the land upon which the subject well so will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CB-1 that I am filling in connection with 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 his information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the man and address of the surface owner by filing 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 the fee is not received with this form, the KSO form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.	Name: Bluff Creek Ridge, Inc.	<u>DEC 09</u> 201	 6	. 14 Twp. 32 S. R. 10 East X West
Address 2: City: Anthony State: KS Zip: 67003 + If filing a Form T-1 for multiple wells on a lease, enter the legal description for the lease below: E/2 of the SE/4 Surface Owner Information: Name: Marie M. Lies Rev Trust Address: 2234 N. Covington St. When filing a Form T-1 implying multiple surface owners, attach an address to some information to the left for each surface owner. Some information to the left for each surface owner. Some information to the left for each surface owner. Some information can be found in the records of the register of description. 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 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 submit be covered to the following: I 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 1 am filing in connection with 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). 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 become depiction, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSO form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.	Address 1: 601 N.W. 40 Road	RECEIVE	County: Barber	
Contact Person: Jason Calvert Phons: (620) 842-7071 Fax: () Email Address: Calvert@wiredks.com Surface Owner Information: Name: Marie M. Lies Rev Trust Address 1: 2234 N. Covington St. City: Wichita State: KS Zip: 67205 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 the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the 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 submit 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 filling 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). 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 the fee is not received with this form, the KSO 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.	Address 2:		Lease Name: Lies	Well #: 1
Contact Person: Jason Calivert Phone: (620) 842-7071 Fax: (City: Anthony State: KS Zip: 670	03+	If filing a Form T-1 for mu	tiple wells on a lease, enter the legal description of
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Surface Owner Information: Name: Marie M. Lies Rev Trust Address 1: 2234 N. Covington St. Address 2:	Phone: (620) 842-7071 Fax: ()		E/2 of the SE/4	
Name: Marie M. Lies Rev Trust Address 1: 2234 N. Covington St. Address 2:	Email Address: calvert@wiredks.com			
Address 1: 2234 N. Covington St. Address 2:	Surface Owner Information:			
Address 1: 2234 N. Covington St. Sheet isting all of the information to the left for each surface owner. So owner information can be lound in the records of the register of deeds county; and in the real estate property tax records of the county treasure. 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 the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the 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 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 the fee is not received with this form, the KSO form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.			When filing a Form T-1 inv	olving multiple surface owners, attach an additional
Address 2:	Address 1: 2234 N. Covington St.		sheet listing all of the info	mation to the left for each surface owner. Surface
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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.				
I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief. President	task, I acknowledge that I must provide the	n to the surface owne name and address of	er(s). To mitigate the add f the surface owner by filli	tional cost of the KCC performing this
u/, l.,	task, I acknowledge that I must provide the that I am being charged a \$30.00 handling for the thousing the second option, submit payment of the third is a second option.	on to the surface owners or anners and address or one, payable to the KC one \$30.00 handling fe	er(s). To mitigate the add f the surface owner by filli iC, which is enclosed with e with this form. If the fee	tional cost of the KCC performing this ng out the top section of this form and this form.
Date: //// Signature of Operator or Agent: Cahut President	task, I acknowledge that I must provide the that I am being charged a \$30.00 handling fi f choosing the second option, submit payment of the form and the associated Form C-1, Form CB-1, Form I hereby certify that the statements made herein are	on to the surface owner name and address of the KC ne \$30.00 handling fem T-1, or Form CP-1 to the true and correct to the surface of the sur	er(s). To mitigate the add f the surface owner by filli iC, which is enclosed with e with this form. If the fee will be returned.	tional cost of the KCC performing this ng out the top section of this form and this form. is not received with this form, the KSONA-1