

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 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 _____ **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ Gas Gathering System: _____
- ☒ Saltwater Disposal Well - Permit No.: D-16,021 ✓
- Spot Location: 2540 feet from ☐ N / ☒ S Line
- 2640 feet from ☒ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: HUGOTON ✓

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

Effective Date of Transfer: NOVEMBER 1, 2016

KS Dept of Revenue Lease No.: D16021

Lease Name: WIATT-SWANK 1 SWD ✓

 - NW - NW - SE Sec. 27 Twp. 24S R. 38 ☐ E ☒ W ✓

Legal Description of Lease: 2540 FSL & 2640 FEL

County: KEARNY ✓

Production Zone(s): DAY CREEK

Injection Zone(s): Day Creek Dolomite

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. 5249 ✓

Contact Person: Nancy FitzSimon

Past Operator's Name & Address: OSBORN HEIRS COMPANY, LTD

Phone: (210) 826-0700

P.O. Box 17968, San Antonio, Texas 78217

Date: October 31, 2016

Title: Vice-President

Signature: Nancy A. FitzSimon

New Operator's License No. 34832 ✓

Contact Person: Kim Brand, Sr. Regulatory Specialist

New Operator's Name & Address: Scout Energy Management LLC

Phone: (972) 865-7597

4901 LBJ Freeway, Ste. 300, Dallas, Texas 75244

Oil / Gas Purchaser: _____

JON PIOT

Date: OCTOBER 31, 2016

Title: MANAGING DIRECTOR /SR. REGULATORY SPECIALIST

Signature: Kim Brand

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NOV 17 2016
CONSERVATION DIVISION
WICHITA, KS

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.

Scout Energy Management LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: D-16,021 . Recommended action: None

Date: 12-16-16 Cheryl L Bayer

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 12/15/16 PRODUCTION 12-19-16 UIC 12-16-16
Mail to: Past Operator 12-16-16 New Operator 12-16-16 District 12-16-16

* Lease Name: WIATT-SWANK 1 SWD * Location: SEC. 27, T24S R38W

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
OIL & GAS CONSERVATION DIVISION

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

Form KSONA-1
July 2010
Form Must Be Typed
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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 # 5249
Name: OSBORN HEIRS COMPANY, LTD.
Address 1: P.O. BOX 17968
Address 2: _____
City: SAN ANTONIO State: TX Zip: 78217 + 0968
Contact Person: MARI CASTORENO
Phone: (210) 826-0700 Fax: (210) 826-7559
Email Address: maric@osbornheirs.com

Well Location:
____ NW ____ NW ____ SE Sec. 27 Twp. 24 S. R. 38 ☐ East ☒ West
County: KEARNY
Lease Name: WIATT(-SWANK) Well #: 1

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

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NOV 17 2016

CONSERVATION DIVISION
WICHITA, KS

Surface Owner Information:

Name: ENGLERT INVESTMENT COMPANY, LP
Address 1: P.O. BOX 494
Address 2: _____
City: SYRACUSE State: KS Zip: 67878 + _____

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 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: 10/31/16 Signature of Operator or Agent: Nancy A. L. Linn Title: VICE-PRESIDENT