

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm must be Typed
Form must be Signed
All blanks must be FilledREQUEST 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 1 **KCC WICHITA**
☐ Gas Lease: No. of Gas Wells _____ **DEC 14 2016**
☐ Gas Gathering System: _____
☒ Saltwater Disposal Well - Permit No.: D28613 **RECEIVED**
 Spot Location: 3111 feet from ☐ N / ☒ S Line
5010 feet from ☒ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: _____
 Entire Project: ☐ Yes ☐ No
 Number of Injection Wells _____ **

Field Name: Slick Carson**** Side Two Must Be Completed.**Effective Date of Transfer: 11/22/16KS Dept of Revenue Lease No.: 15-035-24177Lease Name: BursackSec. 21 Twp. 32s R. 3 ☒ E ☐ WLegal Description of Lease: NW/4 (except tract)County: CowleyProduction Zone(s): ArbuckleInjection Zone(s): StahnerSurface Pit Permit No.: 15-035-24177
(API No. if Drill Pit, WO or Haul)965 feet from ☒ N / ☐ S Line of Section
415 feet from ☐ E / ☒ W Line of SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ DrillingPast Operator's License No. 8767Past Operator's Name & Address: The Trees Oil Company3552 E. Douglas; Wichita, KS 67208Title: PresidentContact Person: Gayle Gentry BishopPhone: (316) 263-2060Date: 12/5/16Signature: Gayle Gentry BishopNew Operator's License No. 30169New Operator's Name & Address: Double "D" Oil Co.2009 Jean Ct.Winfield, KS 67156Title: PRESIDENTContact Person: Don ButlerPhone: (620) 221-9254Oil / Gas Purchaser: Plains Marketing L.P.Date: 12-8-16Signature: Don Butler

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.

Double "D" Oil Company is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-28613. Recommended action: NONE

Date: 12-16-16 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 12/15/16 PRODUCTION 12-19-16 UIC 12-16-16
Mail to: Past Operator 12-16-16 New Operator 12-16-16 District 2 12-16-16

* Lease Name: Bursack

* Location: SW NW NW + SWSWNW

Well Status
(PROD/TA'D/Abandoned)

IN

RECEIVED

* 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.

SW, SW, NW

* Location: SW NW NW 21-32-3E

KCC WICHITA

DEC 14 2016

RECEIVED

* 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
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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)

KCC WICHITA

OPERATOR: License # 8767
Name: The Trees Oil Company
Address 1: 3552 E. Douglas
Address 2: _____
City: Wichita State: KS Zip: 67208 + _____
Contact Person: Gayle Gentry Bishop
Phone: (316) 263-2060 Fax: (316) 263-2066
Email Address: susan@treesoil.com

Well Location:
____ - ____ - ____ Sec. 21 Twp. 32 S. R. 3 ☒ East ☐ West
County: Cowley
Lease Name: Bursack Well #: _____

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

NW/4 (except tract)
Sec. 21-32s-3e

Surface Owner Information:

Name: Fredrick & Sandra K. Bursack
Address 1: 16474 21st Road
Address 2: _____
City: Oxford State: KS Zip: 67119 + 9004

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: 12/5/16 Signature of Operator or Agent: Gayle Gentry Bishop Title: President