

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

072616_West_INJ.pdf

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 12 **
☐ 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.: E-23461
Entire Project: ☐ Yes ☐ No
Number of Injection Wells 2 **

Field Name: Paola-Rantoul

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

Effective Date of Transfer: 07/26/2016

KS Dept of Revenue Lease No.: 119049

Lease Name: West (Bogle-West)

52-NW Sec. 35 Twp. 15 R. 21 ☒ E ☐ W

Legal Description of Lease: See Attached

County: Miami

Production Zone(s): _____

Injection Zone(s): Squirrel

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 ☒ Drilling

Past Operator's License No. 34364 ✓

Contact Person: Chris Bogle

Past Operator's Name & Address: Bogle Oilfield Services, LLC
P.O. Box 476, Wellsville, KS 66092-0476

Phone: 785-248-1596

Date: 10/4/16

Signature: Chris Bogle

New Operator's License No. 33640 ✓

Contact Person: Mark Haas/Julie Barber

New Operator's Name & Address: Haas Petroleum, LLC
10551 Barkley Street, # 307,

Phone: 913-499-8373

Overland Park, Kansas 66212

Oil / Gas Purchaser: Plains Marketing, LC

Date: 10/4/16

Signature: [Signature]

Title: Operator

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 _____ Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit.

HAAS Petroleum LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-23,461 . Recommended action: NONE

Date: 11-16-16 Cheryl L. Beyer
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 11/15/16 PRODUCTION 11-16-16 UIC 11-16-16
Mail to: Past Operator 11-16-16 New Operator 11-16-16 District (3) 11-16-16

Must Be Filed For All Wells

KDOR Lease No.: 119049* Lease Name: West (Bogle West)* Location: S2 NW 35-15-21E

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1-82	15-121-25176 ✓	2475 ^{Circle} FSL/FNL	165 ^{Circle} FEL/FWL	Oil	Prod
2-82	15-121-25177 ✓	2475 FSL/FNL	495 FEL/FWL	Oil	Prod
3-82	15-121-25178 ✓	2475 FSL/FNL	825 FEL/FWL	Oil	Prod
4-82	15-121-25229 ✓	2475 FSL/FNL	1155 FEL/FWL	Oil	Prod
5-82	15-121-25244 ✓	2145 FSL/FNL	165 FEL/FWL	Oil	Prod
6-82	15-121-25245 ✓	1815 FSL/FNL	165 FEL/FWL	Oil	Prod
7-82	15-121-25246 ✓	1485 FSL/FNL	165 FEL/FWL	Oil	Prod
8-82	15-121-25253-0001 ✓	3135 FSL/FNL	4785 FEL/FWL	Inj	Act
9-82	15-121-25254-0001 ✓	3465 FSL/FNL	4785 FEL/FWL	Inj	Act
10-82	15-121-25255 ✓	1485 FSL/FNL	495 FEL/FWL	Oil	Prod
11-82	15-121-25263 ✓	2185 FSL/FNL	825 FEL/FWL	Oil	Prod
12-82	15-121-25264 ✓	1815 FSL/FNL	825 FEL/FWL	Oil	Prod
13-82	15-121-25264 ⁵ ✓	1485 FSL/FNL	1825 FEL/FWL	Oil	Prod
14-82	15-121-24049 ✓	1485 FSL/FNL	1155 FEL/FWL	Oil	Prod
		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		
		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		

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.

Received
KANSAS CORPORATION COMMISSION
OCT 06 2005
CONSERVATION DIVISION
WICHITA, KS

EXHIBIT 'A'

West Lease

Date: June 4, 1982
Recorded: Book 294, Page 540
Lessor: Vergil W. West, Jr. and Margaret T. West, husband and wife
Lessee: Sterling Drilling & Exploration, Inc.
Legal: All of the South 1/2 of the Northwest 1/4 of Section 35, Township 15, Range 21, except the following described tract: Beginning at a point 1842.2 feet South of the Northeast corner of the Northwest 1/4 of Section 35, Township 15S, Range 21E, Miami County, Kansas, and running West 300 feet; thence South 250 feet; thence East 300 feet; thence North 250 feet to the point of beginning.

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)

OPERATOR: License # 33640
Name: Haas Petroleum, LLC
Address 1: 10551 Barkley Street, # 307
Address 2: _____
City: Overland Park State: KS Zip: 66212 + _____
Contact Person: Mark Haas/Julie Barber
Phone: (913) 499-8373 Fax: (913) 766-1310
Email Address: julie@haaspetroleum.com

Well Location:
_____ - _____ - _____ Sec. 35 Twp. 15 S. R. 21 ☒ East ☐ West
County: Miami
Lease Name: West (Bogle-West) Well #: _____

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

See Attached

Surface Owner Information:

Name: Margaret West
Address 1: 700 N. Broadway - F-33
Address 2: _____
City: Louisburg State: KS Zip: 66053 + _____

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 KCC will return the 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: 10/4/16 Signature of Operator or Agent: [Signature] Title: operator

Received
KANSAS CORPORATION COMMISSION
OCT 06 2016
CONSERVATION DIVISION
WICHITA, KS