KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Effective Date of Transfer: 8-1-2016 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 134556 Gas Gathering System: Lease Name: Harding 1 & 4 Saltwater Disposal Well - Permit No.: feet from N / S Line feet from | E / Enhanced Recovery Project Permit No.: County: Montgomery Entire Project: Yes No Number of Injection Wells Field Name: Injection Zone(s): KANSAS CORPORATION COMMISSION ** Side Two Must Be Completed. NOV 0 7 2016 Surface Pit Permit No.: S Line of SectionSERVATION DIVISION (API No. if Drill Pit, WO or Haul) W Line of Section feet from Type of Pit: Emergency Haul-Off Workover Vickie Harter Past Operator's License No. Contact Person: KANSAS CORPORATION COMMISSION Past Operator's Name & Address: _CEP Mid-Continent, LLC Phone: 918-877-2923 P.O. Box 970, Skiatook, Ok 74070 8-1-2016 CONSERVATION DIVISION WICHITA, KS Title: Charles Ward, Chief Operating Officer Signature: New Operator's License No. 32353 ✓ A. Blaine Hanks âUS 03 2016 New Operator's Name & Address: Gateway Resources U.S.A., Inc. 1821 S. E. Arbor Dr Bartlesville, Ok 74006 Title: President Signature: Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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 the new operator of the above named lease containing the surface pit permitted by No.: ___ Date: Authorized Signature Authorized Signature DISTRICT Mail to: Past Operator ___ **New Operator** District

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 134556

* Lease Name	: narding rand 4		* Location: 4-	-35A-15E	
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	15-125-01120-0000	1815 Est FNL	980 Circle	OIL	INACTIVE
4	15-125-28389-0001	2920 FSI FNL	1540 (EL)=WL	OIL	INACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		<u> </u>
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL	KCC	WICHITA
		FSL/FNL	FEL/FWL		0 5 2016
		FSL/FNL	FEL/FWL		ECEIVED
**************************************		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FFL/FWI		

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
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CONSERVATION DIVISION WICHITA, KS

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 # 34027 Name: CEP Mid-Continent, LLC Address 1: P.O. Box 970, Skiatook, Ok 74070 Address 2: City: Skiatook Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921 Email Address: Vickie.harter@ceplic.com Surface Owner Information: Name: Samuel W. Collins NOV 0 7 2016 Received	Well Location:
Name: CEP Mid-Continent, LLC Address 1: P.O. Box 970, Skiatook, Ok 74070 Address 2: City: Skiatook State: Oklahoma Zip: 74070 + Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921 Fax: Oklahoma Zip: 74070 + Contact Person: Vickie Harter Email Address: Vickie.harter@cepllc.com	
Address 1: P.O. Box 970, Skiatook, Ok 74070 Address 2: City: Skiatook State: Oklahoma Zip: 74070 + Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921 Familia Address: Vickie.harter@ceplic.com	County: Montgomery Lease Name: Harding 1 & 4 Well #:
Address 2: City: Skiatook State: Oklahoma Zip: 74070 + Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921 Fax: (918) 877-29	Lease Name: Harding 1 & 4 Well #:
City: Skiatook State: Oklahoma Zip: 74070 + Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921 Fax: (918	
Contact Person: Vickie Harter Phone: (918) 877-2923 Fax: (918) 877-2921 Fax: (918	Thing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below. KCC W!CYT\$5 5-15E DEC 05 2016 NW SE RECEIVED
Phone: (918) 877-2923 Fax: (918) 877-2921 Fax: (918) 877-2921 Fax: (918) Fax: (918) 877-2921 Fax: (918) Fax: (918) Fax: (918) 877-2921 Fax: (918) Fax: (91	DEC 0 5 2016 NW SE RECEIVED
Email Address: Vickie.harter@ceplic.com Received Surface Owner Information: Name: Samuel W. Collins Name: Name: Name: Samuel W. Collins	DEC 0 5 2016 NW SE RECEIVED
Surface Owner Information: KANSAS CORPORATION COMMISSION RECEIVE	RECEIVED
Name. Samuel W. Collins NOV 0.7 2016 RES	
14()4 0 1 2019	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 3114B Hwy 166 CONSERVATION DIVISION	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
Address 2: WICHITA, KS	county, and in the real estate property tax records of the county treasurer.
City: Coffeyville State: Kansas Zip: 67337_+	
are preliminary non-binding estimates. The locations may be entered on t Select one of the following:	ne romi o-i piat, romi ob-i piat, or a separate piat may be submitted.
☑ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Forming filed is a Form C-1 or Form CB-1, the plat(s) required by this
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	er(s). To mitigate the additional cost of the KCC performing this the surface owner by filling out the top section of this form and
If choosing the second option, submit payment of the \$30.00 handling fe	
orm and the associated Form C-1, Form CB-1, Form 1-1, or Form CP-1 (•
	e\bestof my knowledge and belief.
I hereby certify that the statements made herein are true and correct to the 7-18-2016	e/best/of my knowlefdge and belief. Sr. Reg. Aff. Spec. Title: KANSAS CORPORATION COMMISSION COM