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

Check Applicable Boxes: MUST be submitted	ted with this form.
Oil Lease: No. of Oil Wells** 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.: Entire Project: Yes No Number of Injection Wells ** Field Name: **	Effective Date of Transfer: KS Dept of Revenue Lease No.: 223868 Lease Name: Ferrin 3-15 Lease Name: Lease Name: Section 15-315-17W Sw/H County: County: County: County: County: County: Mah mat on Injection Zone(s):
** Side Two Must Be Completed.	
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N/ S Line of Section 1320 feet from E/ W Line of Section Haul-Off Workover Drilling
Past Operator's License No. 352 to 5 V	Contact Person: Robert C. Brown
Past Operator's License No. 35205 Past Operator's Name & Address: Robert C. 13 nower f. D. 130 x 131225 Fort Worth Texas Title: Owner 76136 New Operator's License No. 35428 New Operator's Name & Address: Where Cooke P. O. 130 x 306 Heavy elfy Offly Title: Owner Acknowledgment of Transfer: The above request for transfer of injection and the provided and duly recorded in the records of the Kansas Corporation of Commission records only and does not convey any ownership interest in the and the convey and the convey any ownership interest in the and the convey and th	Phone: 580-554-5555 Received KANSAS CORPORATION COMMISSION Signature: JAN 10 2017 CONSERVATION DIVISION WICHITA, KS Contact Person: 1-978-652-7400 Oil / Gas Purchaser: DCP Date: 1-10-2017 Signature: has been Commission. This acknowledgment of transfer pertains to Kansas Corporation
is acknowledged as	is acknowledged as
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:
Date: Authorized Signature	Date: Authorized Signature
	PRODUCTION 18 2017

Must Be Filed For All Wells

* Lease Name: _	Ferrin 3	-15	* Location:	Sec 15-315-1	17W
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned
3-15	15-033-21	137 1280 FSL 1320 FSDFNL	3966 F6L 1320 FELIEWL	6.1/ges	TA-J
<u></u>		FSL/FNL	FEL/FWL		·
		FSL/FNL	FEL/FWL		·
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		<u> </u>
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	<u> </u>	-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		<u> </u>
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
			FEL/FWL		d GOMMISSION
			FEL/FWL		
			FEL/FWL	AND MATION	
				WICHITA.	
				7/2/2	
		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

Form KSONA-1 July 2014 Form Must Be Typed Form must be Signed All blanks must be Filled

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) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 3 5 2 0 5 /	Well Location: SW 15 315 17 Sec. Twp. TS. R. East West		
Name: Robert C. Brower	County: Comanche		
Address 1: P. o. 13 • x 13722 5	Lease Name: Ferrin Well #:		
Address 2:			
City: Fort \$100th State: Texa 5zip: 76136 +	_ If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Robert C. Brower			
Phone: (560) 554-535 Sax: ()	Received COMMISS.		
Phone: (580) 554-5555ax: () Email Address: Nobert cbrower @ ATT. Net KANSASCO	Resort 2017		
	AN TO DIVISION INSERVATION DIVISION INSERVATION AND THE PROPERTY OF THE PROP		
Surface Owner Information:	NSERVATION KS		
Name: Dan Ferrin	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 1: P. O. Box 512			
	county, and in the real estate property tax records of the county treasurer.		
Address 2: City: Wilmore State: Ks zip: 67155+			
are preliminary non-binding estimates. The locations may be entered	tank batteries, pipelines, and electrical lines. The locations shown on the plated on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:			
() -f the level which the cubicet well is or will I	ce Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this ex, and email address.		
woo will be required to cond this information to the surface	. I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this ress of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 hand form and the associated Form C-1, Form CB-1, Form T-1, or Form	Iling fee with this form. If the fee is not received with this form, the KSONA-CP-1 will be returned.		
I hereby certify that the statements made herein are true and corre	act to the best of my knowledge and belief.		
110 2017	AC (ROW) Title: O COINCL		
Date: 1-10 -2017 Signature of Operator or Agent:			