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.

Oil Lease: No of Oil Wells 2 **	12/01/2016
	Effective Date of Transfer: 12/01/2016
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 110898 /KR
Gas Gathering System:	Lease Name: Wendling
Saltwater Disposal Well - Permit No.:	<u>SE/4 Sec. 19 Twp. 12 R. 20 E</u>
feet from E / W Line	Legal Description of Lease: Southeast Quarter (SE/4) of Section 19,
Enhanced Recovery Project Permit No.: E28833.1	Township 12 South, Range 20 West, Ellis County, Kansas
Entire Project: Yes No	
Number of Injection Wells 1 **	County: Ellis
	Production Zone(s): L/KC, Arbuckle, Marmaton, Topeka
Field Name: Kell	Injection Zone(s): L/KC
** Side Two Must Be Completed.	
Surface Pit Permit No.:	feet from N/S Line of Section
(API No. if Drill Pil, WO or Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover 2 Drilling
Past Operator's License No. 4767	Contact Person: Steven J. Ritchie
Past Operator's Name & Address: Ritchie Exploration, Inc.	Phone: 316-691-9500
P.O. Box 783188, Wichita, KS 67278-3188	Date: 12/21/2016
Title: Vice President	NH MATER
1100.	Signature: Description
31909	Contact Person: Joel Stull KANSAS CORPORATION COMMISS
New Operator's License No. 31909	DEC 2 a act
New Operator's Name & Address: Stull Oil LLC	Priorie.
P.O. Box 307, Natoma, KS 67651	Oil / Gas Purchaser: Coffeyu: // RASERVATION DIVISION
	Date: 12/21/16
Title: Owner	Signature:
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	
Stull Oil LLC is acknowledged as	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
Permit No.: E-28.833 . Recommended action: MET	permitted by No.:
Due 12-02-16	portinition by 110
Date: 1-6-17 Charl & Berly	Date:
Authorized Signature	Authorized Signature
DISTRICT / /5/17 EPR //5/17 F	PRODUCTION JAN 1 0 2017 UIC 1-6-17
Mail to: Past Operator 1-6-17 New Operato	or

Side Two

Must Be Filed For All Wells

Lease Name:	Wendling		* Location:S	E/4 Sec. 19-12S-20W, I	Illis County, Kansas
Well No.	API No. Footag (YR DRLD/PRE '67) (i.e. FSL =	e from So Feet fror	ection Line n South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1	15-051-21081-0001 990 (FSI	cle DFNL	2310 FEDFWL	Oil	<u>Ta'd</u>
4	15-051-21337-0002 3045 FS	L/FNL)	2340 FEDFWL	Oil	Down but capable of producir
5 Twin ERW	15-051-24873-0001 902 FS	51_	1738 FEDFWL	ERW	Ta'd
	F8	L/FNL .	FEL/FWL		
	F8	L/FNL	FEL/FWL		
	FS	L/FNL .	FEL/FWL		
	F8	L/FNL	FEL/FWL		-
	F8	L/FNL	FEL/FWL		
	FS	L/FNL .	FEL/FWL		
	FS	L/FNL	FEL/FWL		
	F8	L/FNL	FEUFWL		
	FS	LIFNL	FEL/FWL		
	FS	L/FNL	FEL/FWL		
	FS	L/FNL	FEL/FWL		
	F8	L/FNL .	FEL/FWL		
	F8	L/FNL	FEUFWL	KANSAS COE	Received RPORATION COMMISSION
	FS	L/FNL	FEL/FWL		C 2 3 2016
	FS	L/FNL	FEL/FWL	CONSER	RVATION DIVISION
	FS	L/FNL	FEL/FWL	W	ICHITA, KS
	FS	LIFNL	FEL/FWL		
	FS	SL/FNL	FEL/FWL		
	FS	SL/FNL	FEL/FWL		
	FS	SL/FNL	FEL/FWL		
	FS	SL/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.

4767			
OPERATOR: License # 4767	Well Location:		
Name: Ritchie Exploration, Inc.	Fille		
Address 1: P.O. Box 783188	County: Ellis Lease Name: Wendling Well #: 1, 4, 5 Twin ERW		
Address 2:			
City: Wichita State: KS Zip: 67278 + 3188 Contact Person: Peter Fiorini Phone: (316) 691-9500 Fax: (316) 691-9550	If filling a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Peter Florini	SE/4 Sec. 19-12S-20W, Ellis County, Kansas		
Phone: (316) 691-9500 Fax: (316) 691-9550			
Email Address: piloning inche-exp.com			
Received KANSAS CORPORATION COMMISSI	ION		
Surface Owner Information: DEC 23 2016			
	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 1121 Drum CONSERVATION DIVISION WICHITA KS	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:	county, and in the real estate property tax records of the county treasurer.		
City: Hays State: KS Zip: 67601 +			
City: Trays State: No Zip: 2701 +			
City: Trays State: TO Zip: Trays			
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank beare preliminary non-binding estimates. The locations may be entered on the Select one of the following: 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 location; and 3) my operator name, address, phone number, fax, and	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. (House Bill 2032), I have provided the following to the surface ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ling filed is a Form C-1 or Form CB-1, the plat(s) required by this		
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