

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm T-1
July 2014Form 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 6 **

☐ Gas Lease: No. of Gas Wells _____ **

☐ Gas Gathering System: _____

☒ Saltwater Disposal Well - Permit No.: D18089

Spot Location: 4950 feet from ☐ N / ☒ S Line

2310 feet from ☒ E / ☐ W Line

☐ Enhanced Recovery Project Permit No.: _____

Entire Project: ☐ Yes ☐ No

Number of Injection Wells ✓ **

Field Name: Lakeshore (Thomsen)

**** Side Two Must Be Completed.**Effective Date of Transfer: 02/01/2017KS Dept of Revenue Lease No.: 101166 ✓Lease Name: Thomsen "B" ✓Sec. 10 Twp. 21 R. 14 ☒ E ☐ WLegal Description of Lease: N/2 NE/4 ✓County: Coffey ✓

KCC WICHITA

Production Zone(s): Viola Limestone Formation

FEB 02 2017

Injection Zone(s): Arbuckle

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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 SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ DrillingPast Operator's License No. 5420 ✓Contact Person: Thomas D. WhitePast Operator's Name & Address: White & Ellis Drilling, Inc.,Phone: (316)263-110210500 E. Berkeley Square Pkwy., Ste 210, Wichita, KS 67206Date: 1/30/17Title: PresidentSignature: Thomas D. WhiteNew Operator's License No. 33640 ✓Contact Person: Mark HaasNew Operator's Name & Address: Haas Petroleum, LLCPhone: (913)499-837310551 Barkley St., #307, Overland Park, KS 66212Oil / Gas Purchaser: Plains Marketing, L.P.Date: 1-30-17Title: PresidentSignature: Mark Haas

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.

Haas Petroleum LLC is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-18.889. Recommended action: NONE

Date: 2-9-17 Cheryl L. Bayer
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 2/8/17 PRODUCTION FEB 13 2017 UIC 2-9-17
Mail to: Past Operator 2-9-17 New Operator 2-9-17 District (3) 2-9-17

* Lease Name: Thomsen "B"

* Location: N/2 NE/4 of Sec. 10-21S-14E

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* 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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2014
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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 St., #307
Address 2: _____
City: Overland Park State: KS Zip: 66212 + _____
Contact Person: Mark Haas
Phone: (913) 499-8373 Fax: (_____) _____
Email Address: mark@haaspetroleum.com

Well Location:
____ - ____ - ____ Sec. 10 Twp. 21 S. R. 14 ☒ East ☐ West
County: Coffey
Lease Name: Thomsen "B" Well #: _____

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

N/2 NE/4 of Sec. 10-21S-14E

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Surface Owner Information:

Name: Thomsen, Ruth I. Trust
Address 1: 10964 FM 902
Address 2: _____
City: Collinsville State: KS Zip: 76233 + _____

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: 1-30-17 Signature of Operator or Agent: _____ Title: President