

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.

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 14 **
- ☐ 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-30,254 ✓
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells 7 **

Field Name: Paola-Rantoul ✓

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

Effective Date of Transfer: 11/01/2016

KS Dept of Revenue Lease No.: 140292 ✓ very

Lease Name: Terbrock ✓

_____ - _____ Pt. - SE/4 Sec. 27 Twp. 17S R. 22 ☒ E ☐ W

Legal Description of Lease: Pt. SE/4, 27-17S/22E, 60 acres more or less ✓

County: Miami ✓

Production Zone(s): Peru

Injection Zone(s): Peru ✓

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. 32834 ✓

Contact Person: Tom Cain

Past Operator's Name & Address: JTC Oil, Inc.

Phone: (913) 755-2959

35790 Plum Creek Rd., Osawatimie, KS 66064

Date: 11/01/2016

Title: President

Signature: [Signature]

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New Operator's License No. 35138 ✓

Contact Person: Brad Kramer

New Operator's Name & Address: S&B Operating, LLC

Phone: (913) 871-3500

6340 Glenwood St., Ste #103 Overland Park, KS 66202

Oil / Gas Purchaser: Coffeyville Resources

Date: 11/01/2016

Title: Chief Operating Officer

Signature: [Signature]

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.

S + B Operating LLC is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: E-30.254 . Recommended action: None

Date: 1-25-17

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 1/24/17

PRODUCTION 1/24/17

UIC 1-25-17

Mail to: Past Operator 1-25-17

New Operator 1-25-17

District (3)

1-25-17

Must Be Filed For All WellsKDOR Lease No.: 140292* Lease Name: Terbrock* Location: Pt. SE/4, 27-17S-22E, 60 acres more or less

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)
I-1	15-121-30613 ✓	2322 ^{Circle} FSL/FNL 277 ^{Circle} FEL/FWL	Inj	Active
I-12	15-121-30964 ✓	1708 ^{Circle} FSL/FNL 619 ^{Circle} FEL/FWL	Inj	Active
I-2	15-121-30615 ✓	2296 ^{Circle} FSL/FNL 919 ^{Circle} FEL/FWL	Inj	Active
I-7	15-121-30616 ✓	1977 ^{Circle} FSL/FNL 594 ^{Circle} FEL/FWL	Inj	Active
I-8	15-121-30633 ✓	1970 ^{Circle} FSL/FNL 920 ^{Circle} FEL/FWL	Inj	Active
W-1	15-121-28598 ✓	1939 ^{Circle} FSL/FNL 334 ^{Circle} FEL/FWL	Inj	Inactive TA Approved
W-1	15-121-30900 ✓	2310 ^{Circle} FSL/FNL 660 ^{Circle} FEL/FWL	Inj	Active
P-1	15-121-30609 ✓	2475 ^{Circle} FSL/FNL 165 ^{Circle} FEL/FWL	Oil	Prod
P-11	15-121-30612 ✓	1815 ^{Circle} FSL/FNL 495 ^{Circle} FEL/FWL	Oil	Prod
P-12	15-121-30614 ✓	1815 ^{Circle} FSL/FNL 825 ^{Circle} FEL/FWL	Oil	Prod
P-13	15-121-30634 ✓	1815 ^{Circle} FSL/FNL 1155 ^{Circle} FEL/FWL	Oil	Prod
P-16	15-121-30965 ✓	1485 ^{Circle} FSL/FNL 495 ^{Circle} FEL/FWL	Oil	Prod
P-17	15-121-30966 ✓	1485 ^{Circle} FSL/FNL 825 ^{Circle} FEL/FWL	Oil	Prod
P-2	15-121-30610 ✓	2475 ^{Circle} FSL/FNL 495 ^{Circle} FEL/FWL	Oil	Prod
P-3	15-121-30611 ✓	2475 ^{Circle} FSL/FNL 825 ^{Circle} FEL/FWL	Oil	Prod
P-4	15-121-30619 ✓	2475 ^{Circle} FSL/FNL 1155 ^{Circle} FEL/FWL	Oil	Prod
P-8	15-121-30620 ✓	2145 ^{Circle} FSL/FNL 1155 ^{Circle} FEL/FWL	Oil	Prod
5	15-121-28593 ✓	2145 ^{Circle} FSL/FNL 165 ^{Circle} FEL/FWL	Oil	Prod
6	15-121-28594 ✓	2145 ^{Circle} FSL/FNL 330 ^{Circle} FEL/FWL	Oil	Prod
7	15-121-28595 ✓	2145 ^{Circle} FSL/FNL 495 ^{Circle} FEL/FWL	Oil	Prod
8	15-121-28596 ✓	1980 ^{Circle} FSL/FNL 165 ^{Circle} FEL/FWL	Oil	Prod
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		

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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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**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 # 35138
Name: S&B Operating, LLC
Address 1: 6340 Glenwood St., Ste #103
Address 2: _____
City: Overland Park State: KS Zip: 66202 + _____
Contact Person: Brad Kramer
Phone: (913) 871-3500 Fax: (_____) _____
Email Address: _____

Well Location:
_____ Pt. SE/4 Sec. 27 Twp. 17 S. R. 22 ☒ East ☐ West
County: Miami
Lease Name: Terbrock Well #: _____

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

Pt. SE/4, 27-17S-22E, 60 acres more or less

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Surface Owner Information:

Name: Dennis Terbrock
Address 1: 32800 W. 327th St.
Address 2: _____
City: Paola State: KS Zip: 66071 + _____

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: 11/1/16 Signature of Operator or Agent: [Signature] Title: C.O.O.