

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 \_\_\_\_\_ \*\*
- ☒ Gas Lease: No. of Gas Wells 1 \*\*
- ☐ 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: PANOMA**\*\* Side Two Must Be Completed.**Effective Date of Transfer: NOVEMBER 1, 2016KS Dept of Revenue Lease No.: 207790 KRLease Name: Virginia 1A\_\_\_\_\_ - C - SE Sec. 36 Twp. 22S R. 37 ☐ E ☒ WLegal Description of Lease: 1320 FSL & 1320 FEL"See Attachment 1"County: KEARNYProduction Zone(s): COUNCIL GROVE

Injection Zone(s): \_\_\_\_\_

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 KHType of Pit: ☐ Emergency ☐ Burn ☐ Settling☐ Haul-Off☐ Workover☐ Drilling**KCC WICHITA**Past Operator's License No. 5249 KRPast Operator's Name & Address: OSBORN HEIRS COMPANY, LTDP.O. Box 17968, San Antonio, Texas 78217Title: Vice-PresidentContact Person: Nancy FitzSimon NOV 28 2016Phone: (210) 826-0700 **RECEIVED**Date: October 31, 2016Signature: Nancy A. FitzSimonNew Operator's License No. 34832 KRNew Operator's Name & Address: Scout Energy Management LLC4901 LBJ Freeway, Ste. 300, Dallas, Texas 75244

JON PIOT

Title: MANAGING DIRECTOR /SR. REGULATORY SPECIALISTContact Person: Kim Brand, Sr. Regulatory SpecialistPhone: (972) 865-7597Oil / Gas Purchaser: "See Attachment 1"Date: OCTOBER 31, 2016Signature: Kim Brand

**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.

\_\_\_\_\_ is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: \_\_\_\_\_. Recommended action: \_\_\_\_\_

Date: \_\_\_\_\_

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 2/10/17 PRODUCTION FEB 13 2017 FILE FEB 13 2017  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

## ATTACHMENT I

Form T-1

**Well:** Virginia 1A**County:** Kearny**API:** 15-093-20633**Legal Description of Unit:** S/2 & NE/4 of Sec 25-22S-37W, SE/4 of Sec 36-22S-37W**Oil/Gas Purchaser:** Energy Transfer Partners, LP**Leases Included \*:**

LESSOR	LESSEE	LEASE DATE	EFFECT. DATE	VOL	PAGE	LEGAL DESCRIPTION
Eveleigh, Lois A., Et Vir	BEYMER, J.E.	8/30/1974	8/30/1974	48	147	T-22-S, R-37-W SEC. 24: SW/4 SEC. 25: N/2; KEARNY COUNTY, KANSAS
Williams, Elva T.	BEYMER, J.E.	8/30/1974	8/30/1974	48	155	T-22-S, R-37-W SEC. 24: SW/4 SEC. 25: N/2 KEARNY COUNTY, KANSAS
Williams, D. Royce, Et Ux	BEYMER, J.E.	8/30/1974	8/30/1974	60	305	T-22-S, R-37-W SECTION 25: SW/4 KEARNY COUNTY, KANSAS
Hicks, Virginia P.	BEYMER, J.E.	10/18/1974	10/18/1974	48	139	T-22-S, R-37-W SEC. 36: SE/4 KEARNY COUNTY, KANSAS
Macari, Orletha Gay, Et Vir	Osborn, W.B., Jr.	9/25/1979	9/25/1979	60	359	T-22-S, R-37-W SECTION 25: SE/4, KEARNY COUNTY, KANSAS

*\*Insofar as to rights conveyed from surface to 100 feet below the Council Grove.*

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\* Lease Name: Virginia 1A \* Location: SEC. 36, T22S R37W

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)
1A	15-093-20633-00-00 ✓	1320 Circle FSL/FNL	1320 Circle FEL/FWL GAS	TA ✓
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	
		FSL/FNL	FEL/FWL	KCC WICHITA
		FSL/FNL	FEL/FWL	NOV 28 2016
		FSL/FNL	FEL/FWL	RECEIVED
		FSL/FNL	FEL/FWL	

\* 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 2010

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) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 5249  
Name: OSBORN HEIRS COMPANY, LTD.  
Address 1: P.O. BOX 17968  
Address 2: \_\_\_\_\_  
City: SAN ANTONIO State: TX Zip: 78217 + 0968  
Contact Person: MARI CASTORENO  
Phone: ( 210 ) 826-0700 Fax: ( 210 ) 826-7559  
Email Address: maric@osbornheirs.com

Well Location:  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_C\_\_\_\_\_SE Sec. 36 Twp. 22 S. R. 37 ☐ East ☒ West  
County: KEARNY  
Lease Name: VIRGINIA Well #: 1A

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

**KCC WICHITA**

**NOV 28 2016**

**Surface Owner Information:**

Name: RAYMOND & KAREN YAKEL TRUST  
Address 1: 14257 PRAIRIE FIRE LN.  
Address 2: \_\_\_\_\_  
City: WAMEGO State: KS Zip: 66547 + \_\_\_\_\_

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*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 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: 10/31/16 Signature of Operator or Agent: Nancy A. Fitzmaurice Title: VICE-PRESIDENT