Kansas Corporation Commission Oil & Gas Conservation Division

030117_Kidd.pdf

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**	Effective Date of Transfer: 3/1/2017 KS Dept of Revenue Lease No.: 222761			
Gas Lease: No. of Gas Wells**				
Gas Gathering System:	Lease Name: KiddSec11 _Twp29S _R15 ✓ E W			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease: NE SE; E2 NE			
Enhanced Recovery Project Permit No.:	County: Wilson			
Entire Project: Yes No				
Number of Injection Wells **	Production Zone(s): Penn Coals			
Field Name: Cherokee Basin Coal Gas Area	Injection Zone(s):			
** Side Two Must Be Completed.	injection zone(s).			
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section			
(AFTNO. II DIIII FIL, WO O Haul)	feet from E// W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling			
Past Operator's License No. 33074	Contact Person: Beth Oswald			
Past Operator's Name & Address: Dart Cherokee Basin Opeating Co LLC	Phone: 517-244-8716 MAR 0 3 2017			
P O Box 177 Mason MI 48854-0177				
	Date: STILL RECEIVED			
Title: David W Farner, Vice President of Engr & Ops	Signature:			
New Operator's License No	Contact Person: Douglas Lamb			
New Operator's Name & Address: SEK Energy LLC	Phone: 620-698-2150			
149 Benedict Rd P O Box 55 Benedict KS 66714	Oil / Gas Purchaser:			
	- 28 Can / 7			
	Date: A FEBT /			
Title: Douglas L Lamb, Manager	Date: 28 FEB 17 Signature: Doughs & Kant			
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	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.: Recommended action:	permitted by No.:			
Deter	Date			
Date: Authorized Signature ,	Date:Authorized Signature			
DISTRICT EPR 3/10/17	PRODUCTION UIC 3-13-17			
Mail to: Past Operator New Opera				

Side Two

Must Be Filed For All Wells

KDOR Lease No.:					
* Lease Name			* Location:	NE SE; E2 NE Sec 11 T	29S-R15E
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)
Kidd 1	15-205-25248-00-00	Circle 1650' FSL FSL/FNL	Circle 330' FEL FEL/FWL	gas	Prod
Kidd 2	15-205-25746-00-00	2650' FSL FSL/FNL	630' FEL FEL/FWL	gas	Prod
Kidd 3	15-205-25995-00-00	4940' FSL FSL/FNL	964' FEL 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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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)		
OPERATOR: License # 33074	Well Location:		
Name: Dart Cherokee Basin Operating Co LLC			
Address 1: P O Box 177	County: Wilson		
Address 2:	Lease Name: Kidd Well #:		
City: Mason State: MI Zip: 48854 + 0177	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person. Beth Oswald	the lease below:		
Phone: (<u>517</u>) <u>244-8716</u> Fax: ()	NE SE; E2 NE KCC WICHIT		
Email Address: boswald@dartoilandgas.com	MAR 0 3 2017		
Surface Owner Information:	RECEIVED		
Name: Lee & Marilyn Kidd	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 11494 Kingman Rd	sheet listing all of the information to the left for each surface owner. Surface		
Address 2:	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.		
City: Fredonia State: KS Zip: 66736 +			
the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered of	odic Protection Borehole Intent), you must supply the surface owners and onk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
Select one of the following:			
owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface 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 and email address.		
KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this s of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	g fee with this form. If the fee is not received with this form, the KSONA- 1-1 will be returned.		
I hereby certify that the statements made herein are true and correct to	_		
Date: 3.1.17 Signature of Operator or Agent:	Sr Engr Support Tech Title:		