

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

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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 \_\_\_\_\_ \*\*  
☐ Gas Gathering System: \_\_\_\_\_  
☒ Saltwater Disposal Well - Permit No.: D04240 ✓  
Spot Location: 302 feet from ☐ N / ☒ S Line  
1311 feet from ☒ E / ☐ W Line  
☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells \_\_\_\_\_ \*\*  
Field Name: WHELAN ✓

Effective Date of Transfer: 3/1/2017  
KS Dept of Revenue Lease No.: 135531 ✓  
Lease Name: SWARTZ A ✓  
\_\_\_\_ - S2 - S2 - SE Sec. 30 Twp. 31S R. 11 ☐ E ☒ W ✓  
Legal Description of Lease: \_\_\_\_\_  
County: BARBER ✓  
Production Zone(s): \_\_\_\_\_  
Injection Zone(s): ARBUCKLE ✓

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

Surface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling

☐ Haul-Off ☐ Workover OK ☐ Drilling

Past Operator's License No. 5214 ✓  
Past Operator's Name & Address: LARIO OIL & GAS COMPANY  
301 S. MARKET, WICHITA, KS 67202  
Title: SR. EXEC. VP - CFO

Contact Person: DAVE LOGER **KCC WICHITA**  
Phone: 316-265-5611  
Date: FEB 27, 2017 **MAR 10 2017**  
Signature: David E. Loger **RECEIVED**

New Operator's License No. 31938 ✓  
New Operator's Name & Address: INDIAN OIL CO., INC.  
PO BOX 209  
MEDICINE LODGE, KS 67104  
Title: VP

Contact Person: ANTHONY FARRAR  
Phone: 620-886-3763  
Oil / Gas Purchaser: Shell / WWSG  
Date: 3/1/17  
Signature: Anthony Farrar

**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.

Indian Oil Co Inc is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: D-04240 . Recommended action: NONE

\_\_\_\_\_ is acknowledged as  
the new operator of the above named lease containing the surface pit  
permitted by No.: \_\_\_\_\_

Date: 3-14-17 Cheryl R. Bays  
Authorized Signature

Date: \_\_\_\_\_  
Authorized Signature

DISTRICT \_\_\_\_\_ EPR 3/13/17 PRODUCTION MAR 14 2017 UIC 3-14-17  
Mail to: Past Operator 3-14-17 New Operator 3-14-17 District 1 3-14-17

\* Lease Name: SWARTZ A

\* Location: SEC. 30 / 31S / 11W

[illegible]

\* 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

Form Must Be Typed  
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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 # 31938  
Name: INDIAN OIL CO., INC.  
Address 1: PO BOX 209  
Address 2: \_\_\_\_\_  
City: MEDICINE LODGE State: KS Zip: 67104 + \_\_\_\_\_  
Contact Person: ANTHONY FARRAR  
Phone: ( 620 ) 886-3763 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: anthony@indianoilco.com

Well Location:  
S2 S2 SE Sec. 30 Twp. 31 S. R. 11 ☐ East ☒ West  
County: BARBER  
Lease Name: SWARTZ A Well #: 2

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

**KCC WICHITA**

**MAR 10 2017**

**RECEIVED**

**Surface Owner Information:**

Name: FERN SWARTZ  
Address 1: c/o FERN KIRCHER  
Address 2: 15781 E. CRESTRIDGE CIRCLE  
City: CENTENNIAL State: CO Zip: 80015 + \_\_\_\_\_

*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: 3/1/17 Signature of Operator or Agent: [Signature] Title: VP