

# 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 2 \*\*
- ☐ 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: \_\_\_\_\_

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

Effective Date of Transfer: 12-22-16

KS Dept of Revenue Lease No.: #1 203840 / #2 228942 ✓

Lease Name: SPIKES

Sec. 31 Twp. 23 R. 31 ☐ E ☒ W

Legal Description of Lease: ALL SECTION 31  
W 1/2 SECT 29 AND SE 1/4 OF 23-31

County: FINNEY

Production Zone(s): HUGGTON

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

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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 Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OL ☐ Drilling

Past Operator's License No. 33624 Exp. 6/30/09

Contact Person: GARY SPIKES

Past Operator's Name & Address: GARY SPIKES

Phone: 620-276-3117

5155 E. MARY ST GARDEN CITY, KS 67846

Date: 1-23-17

Title: OWNER

Signature: [Signature]

New Operator's License No. 35421 (Residential)

Contact Person: GARY SPIKES

New Operator's Name & Address: GARY SPIKES

Phone: 620-276-3117

5155 E. MARY ST

Oil / Gas Purchaser: NA. (RESIDENTIAL)

GARDEN CITY, KS 67846

Date: 1-23-17

Title: OWNER

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.

\_\_\_\_\_ 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 3/7/17 PRODUCTION MAR 08 2017 UIC 3-8-17  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_

• Location: A/1 31-23-31W

Well Status  
(PROD/TA'D/Abandoned)

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

OPERATOR: License # 35421  
Name: GARY SPIKES  
Address 1: 5155 E. MARY ST.  
Address 2: \_\_\_\_\_  
City: GARDEN State: KS Zip: 67846  
Contact Person: GARY SPIKES  
Phone: (620) 276-3117 Fax: (\_\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location: \_\_\_\_\_ Sec. 31 Twp. 23 S. R. 31 ☐ East ☒ West  
County: FINNEY  
Lease Name: SPIKES Well #: 2

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: All Section 31 W 1/2 Sect 29 and SE 1/4 19 of 23-31

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**Surface Owner Information:**

Name: GARY SPIKES  
Address 1: 5155 E. MARY ST  
Address 2: \_\_\_\_\_  
City: GARDEN State: KS Zip: 67846

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: 1/23/17 Signature of Operator or Agent: [Signature] Title: OWNER

HEYDMAN KLIEWER, LLP  
1519 East Fulton Terrace  
P.O. Box 2010  
Garden City, Kansas 67846  
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aglaw@heydmankliwer.com  
Attorneys for Petitioner

FILED  
2017 SEP 10 16:10:34  
CLERK OF DISTRICT COURT  
FINNEY COUNTY, KANSAS

IN THE DISTRICT COURT OF FINNEY COUNTY, KANSAS

IN THE MATTER OF THE ESTATE OF

MARGARET L. SPIKES, Deceased

Case No. 12 PR 60

Pursuant to Chapter 59 of the Kansas Statutes Annotated.

KCC WICHITA

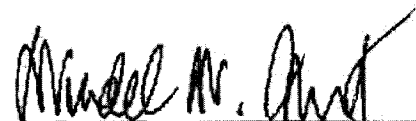
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LETTERS TESTAMENTARY ISSUED UNDER  
THE KANSAS SIMPLIFIED ESTATES ACT

GARY SPIKES, a resident of Garden City, Finney County, Kansas, named as a Co-Executor of the Last Will and Testament of Margaret L. Spikes, deceased, having been appointed and qualified as a Co-Executor, is granted Letters Testamentary issued under the Kansas Simplified Estates Act with full power and authority as provided by law and the Last Will and Testament.

IN WITNESS, I have signed my name and affixed the official seal of this Court at Garden City, Finney County, Kansas.

  
\_\_\_\_\_  
JUDGE OF THE DISTRICT COURT

HEYDMAN KLIEWER, LLP  
1519 East Fulton Terrace  
P.O. Box 2010  
Garden City, Kansas 67846  
620/275-7000  
Attorneys for Petitioner

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