

**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 11 **
- ☐ 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.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: JEFFERSON - SYCAMORE

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

Effective Date of Transfer: IMMEDIATE 2/14/17

KS Dept of Revenue Lease No.: 1117921

Lease Name: NUNNELY-SANBORN/GILLMAN (BINS ON)

Sec. 21 Twp. 34 R. 15 ☒ E ☐ W

Legal Description of Lease: KS/2NE/4
21-34S-15E

County: MONTGOMERY

Production Zone(s): WAYSIDE

Injection Zone(s): WAYSIDE

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. JOHN GILLMAN - 31690 ^{Exp. 5/30/08}

Contact Person: JOHN GILLMAN

KCC WICHITA

Past Operator's Name & Address: JOHN GILLMAN

Phone: 918-671-0401

APR 04 2017

3193 CR 2200, INDEPENDENCE, KS

Date: 3-31-17

RECEIVED

Title: OWNER 67301

Signature: [Signature]

New Operator's License No. 35406

Contact Person: JOHN GILLMAN

New Operator's Name & Address: JOHN GILLMAN

Phone: 918-671-0401

3193 CR 2200, INDEPENDENCE, KS

Oil / Gas Purchaser: N/A

67301

Date: 3/31/17

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 4/4/17 PRODUCTION APR 05 2017 UIC 4-5-17
Mail to: Past Operator _____ New Operator _____ District _____

Must Be Filed For All Wells

KDOR Lease No.: 111792

Lease Name: Nunnally - Powell (NP), Nunnally (N) → SANBORN(S)
Location: S/2NE/4 21-345-15E Montgomery Co. KS

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)
NP1A	15-125-21569.00.00 ✓ 3510	800	OIL	IN
NP2A	15-125-21570.00.00 ✓ 3760	500	OIL	IN
NP3A	15-125-21571.00.00 ✓ 3360	100	OIL	IN
NP4A	15-125-21843.00.00 ✓ 3160	120	OIL	IN
NP5A	15-125-21844.00.00 ✓ 3660	120	OIL	IN
N6	15-125-25598.00.00 ✓ 3300	400	OIL	IN
N7	15-125-25599.00.00 ✓ 3795	330	OIL	IN
S15	15-125-29556.00.00 ✓ 3790	1250	OIL	IN
S16	15-125-29568.00.00 ✓ 3790	920	OIL	IN
S17-1	15-125-29569.00.00 ✓ 3835	240	OIL	IN
S18	15-125-29570.00.00 ✓ 2790	170	OIL	IN
		FSL/FNL	FEL/FWL	KCC WICHITA
		FSL/FNL	FEL/FWL	APR 04 2017
		FSL/FNL	FEL/FWL	RECEIVED
		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	

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 # 35406
Name: JOHN GILLMAN
Address 1: 3193 CR 2200
Address 2: _____
City: INDEPENDENCE State: KS Zip: 67301 + _____
Contact Person: JOHN GILLMAN
Phone: (918) 671-0401 Fax: (_____) _____
Email Address: _____

Well location: #5/2 NE 1/4 Sec. 21 Twp. 34 S. R. 15 ☒ East ☐ West
County: MONTGOMERY
Lease Name: NUNNLEY-POWELL Well #: Various
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

#5/2 NE 1/4

KCC WICHITA

APR 04 2017

RECEIVED

Surface Owner Information:

Name: JOHN GILLMAN
Address 1: 3193 CR 2200
Address 2: _____
City: INDEPENDENCE State: KS Zip: 67301 + _____

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: 3/31/17 Signature of Operator or Agent: [Signature] Title: _____