KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

030317_Bearl.pdf

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,

Check Applicable Boxes: MUST be s	submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: March 1, 2017
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 205803 KR
Gas Gathering System:	Lease Name: BEARL
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	<u>SE - SE - NW - SE Sec. 36 Twp. 20 R. 4</u> ☐ E ✓ W
feet from E / W Line	Legal Description of Lease: SE/4 SECTION 36, T20S, R41W
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: GREELEY
Number of Injection Wells **	Production Zone(s):CHASE GROUP
Field Name: BRADSHAW GAS AREA	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	
Total City Control	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
Past Operator's License No. 4894	Contact Person: BLAINE SHEPPARD KCC WICHITA
Past Operator's Name & Address: HORSESHOE OPERATING, INC	Phone: 432-683-1448 MAR 2 4 2017
110 W. LOUISIANA, STE 200, MIDLAND, TX 79701	Date: 3/7/2017
	1 V \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Title: MANAGER	Signature: D. (V)
New Operator's License No. 35442	Contact Person: STEVE RACKLEY
New Operator's Name & Address: PRAIRIE GAS OPERATING, LLC	Phone: 918-734-7727
427 S. BOSTON, SUITE 520, TULSA, OK 74103	Oil / Gas Purchaser: _DCP MIDSTREAM
	Date: 3/7/2017
Title: MANAGER	Signature: July
Acknowledgment of Transfer: The above request for transfer of inje	ection authorization, surface pit permit #has been
	ration Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in	· ·
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.:
Date:	Date:
Authorized Signature,	Authorized Signature
DISTRICT EPR 3/21/17	PRODUCTION MAR 2 8 2017 UIC MAR 2 8 2017
1 , , ,	Operator District

Side Two

Must Be Filed For All Wells

				DEM DECITION OF TOOK	⊃44\N
Lease Name:	BEARD 1		* Location:	SE/4 SECTION 36, T20S, I	≺4 I VV
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)
1	15-071-20040-000	1 1450 ES) FNL	1450 Circle	GAS	IN
		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		
		FSL/FNL	FEL/FWL		MAR 2 4 2017 RECEIVED
			FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
			FEL/FWL		<u> </u>
		FOL/FNI			
		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

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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

	1 (Cathodic Protection Borehole Intent) T-1 (Transfer) CP-1 (Plugging Application)	
OPERATOR: License # 35442	_ Well Location:	
Name: PRAIRIE GAS OPERATING, LLC	SE _SE _NW_ SE _Sec. 36 _Twp. 20 _S. R. 41 East x West	
Address 1: 427 S. Boston Ave, Suite 520	County: Greeley	
Address 2:	Lease Name: BEARD Well #: 1	
Contact Passon: Steve Rackley	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:	
Contact Person: Steve Rackley Phone: (918) 734-7727 Fax: (918) 398-6002	KCC WICHITA	
Email Address: srackley@pge-llc.com	MAR 2 4 2017	
Surface Owner Information:	RECEIVED	
Name: KATHLEEN BURKHART	When filing a Form T-1 involving multiple surface owners, attach an additional	
Address 1: 6711 S IVY WAY B-8 Address 2:	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	
Address 2:	county, and in the real estate property tax records of the county treasurer.	
City: CENTENNIAL State: CO Zip: 80111 +	-	
	ank batteries, pipelines, and electrical lines. The locations shown on the plat I on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.	
owner(s) of the land upon which the subject well is or will be	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form n 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	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and e 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 C-1.	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.	
I hereby certify that the statements made herein are true and correct		
Date: $\frac{3}{17}$ Signature of Operator or Agent:	time tally Title: MANALER	

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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

OPERATOR: License # 35442	Well Location:	
Name: PRAIRIE GAS OPERATING, LLC	SE_SE_NW_SE_Sec. 36 Twp. 20 S. R. 41 East x West	
Name: PRAIRIE GAS OPERATING, LLC Address 1: 427 S. Boston Ave, Suite 520	County; Greeley	
Address 2:	Lease Name: BEARD Well #: 1	
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: KCC WICHI	
Contact Person: Steve Rackley Phone: (918) 734-7727 Fax: (918) 398-6002		
Phone: (918) 734-7727 Fax: (918) 398-6002		
Email Address: srackley@pge-llc.com	MAR 2 4 2017	
	RECEIVED	
Surface Owner Information: Name: MAUREEN B CARR		
	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	
Address 1: 10175 E FAIR CIRCLE 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: ENGLEWOOD State: CO Zip: 80111 +	•	
the KCC with a plat showing the predicted locations of lease roads, ta	nodic Protection Borehole Intent), you must supply the surface owners and nk 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.	
	acknowledge that, because I have not provided this information, the	
KCC will be required to send this information to the surface	ss of the surface owner by filling out the top section of this form and	
KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the	es of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1	

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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

OPERATOR: License # 35442	Well Landson	
OPERATOR: License # 35442 Name: PRAIRIE GAS OPERATING, LLC	Well Location: SE_SE_NW_SE_Sec. 36 Twp. 20 S. R. 41 ☐ East ¥ West	
Address 1: 427 S. Boston Ave, Suite 520	County: Greeley	
	Lease Name: BEARD Well #: 1	
Address 2:		
	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:	
Contact Person: Steve Rackley Phone: (918) 734-7727 Fax: (918) 398-6002	KCC WICHITA	
Email Address: srackley@pge-llc.com	MAR 2 4 2017	
	DEOFWEN	
Surface Owner Information:	RECEIVED	
Name: CHARLES E SMITH	When filing a Form T-1 involving multiple surface owners, attach an additional	
Address 1: 433 EMERALD BAY LANE	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	
Address 2:	county, and in the real estate property tax records of the county treasurer.	
City: LADY LUCK State: FL Zip: 31529 +		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath	nodic Protection Borehole Intent), you must supply the surface owners and	
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath the KCC with a plat showing the predicted locations of lease roads, ta	nodic Protection Borehole Intent), you must supply the surface owners and nk batteries, pipelines, and electrical lines. The locations shown on the plat	
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	nodic Protection Borehole Intent), you must supply the surface owners and nk 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. 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 to being filed is a Form C-1 or Form CB-1, the plat(s) required by this	
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If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cath the KCC with a plat showing the predicted locations of lease roads, ta are preliminary non-binding estimates. The locations may be entered Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the	Act (House Bill 2032), I have provided the following to the surface obeyond in being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Act (House Bill 2032), I have provided the following to the surface elocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form in being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Acknowledge that, because I have not provided this information, the bowner(s). To mitigate the additional cost of the KCC performing this as of the surface owner by filling out the top section of this form and a KCC, which is enclosed with this form.	

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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

OPERATOR: License # 35442	Well Location:		
OPERATOR: License # 35442 Name: PRAIRIE GAS OPERATING, LLC	SE_SE_NW_SE_Sec. 36 Twp. 20 S. R. 41 East west		
Address 1: 427 S. Boston Ave, Suite 520	County: Greeley		
Address 2:	Lease Name: BEARD Well #: 1		
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Steve Rackley			
Contact Person: Steve Rackley Phone: (918) 734-7727 Fax: (918) 398-6002			
Email Address: srackley@pge-llc.com	MAR 2 4 2017		
Lindii Address.	RECEIVED		
	TLOLIVED		
Surface Owner Information: Name: THOMAS L. SMITH	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 7625 ACUFF LANE	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.		
Address 2:			
 are preliminary non-binding estimates. The locations may be entered at Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, I have not provided this information to the surface owner(s). I 	acknowledge that, because I have not provided this information, the		
task, I acknowledge that I must provide the name and addres that I am being charged a \$30.00 handling fee, payable to the	g fee with this form. If the fee is not received with this form, the KSONA-1		
I hereby certify that the statements made herein are true and correct to Date: 3/16/17 Signature of Operator or Agent:	to the best of my knowledge and belief. Title: MKHAGER		