#### KANSAS CORPORATION COMMISSION 030317\_Johnson\_A1.pdf OIL & GAS CONSERVATION DIVISION

District .

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: Gas Lease: No. of Gas Wells \_ KS Dept of Revenue Lease No.: 222385 Gas Gathering System: Lease Name: JOHNSON 'A' 1 Saltwater Disposal Well - Permit No.: \_\_ \_ feet from N / S Line Legal Description of Lease: SECTION 12, T24S, R41W feet from E / W Line Enhanced Recovery Project Permit No.: \_ County: HAMILTON Entire Project: Yes No Number of Injection Wells .. Production Zone(s): CHASE GROUP Field Name: BRADSHAW GAS AREA Injection Zone(s):\_ KCC WICHITA \*\* Side Two Must Be Completed. N MAR 2nd of 2017ion Surface Pit Permit No.: \_ (API No. if Drill Pit, WO or Haul) E / REGET/Enjon feet from Type of Pit: Haul-Off | Emergency Burn Settling Workover Drilling BLAINE SHEPPARD Past Operator's License No. Contact Person: \_ Past Operator's Name & Address: HORSESHOE OPERATING, INC. Phone: 432-683-1448 Date: \_\_\_\_3/7/2017 110 W. LOUISIANA, STE 200, MIDLAND, TX 79701 Title: MANAGER 35442 STEVE RACKLEY New Operator's License No. -Contact Person: 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 Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #... 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 the new operator of the above named lease containing the surface pit \_\_\_\_\_\_ . Recommended action: permitted by No.: .... Date: Authorized Signature Authorized Signature uic 4-12-17 DISTRICT \_ PRODUCTION

Mail to: Past Operator \_

#### Side Two

#### Must Be Filed For All Wells

* Lease Name: JOHNSON 'A' 1		* Location: SECTION 12, T24S, R41W			
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)
<u>'A'1</u>	15-075-20672	Circle 1450 æst/FNL	1980 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		KCC WICHITA
		FSL/FNL	FEL/FWL		MAR 2 4 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		
				4	
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> 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.

OPERATOR: License # 35442	Well Location:		
Name: PRAIRIE GAS OPERATING, LLC	S2NE_SW_Sec12Twp24S. R41East X West		
Address 1: 427 S BOSTON AVE, STE 520	County HAMILTON		
Address 2:	County: HAMILTON  Lease Name: JOHNSON Well #: 1A		
City: TULSA State: OK Zip: 74103 +			
Contact Person: STEVE RACKLEY	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		
Surface Owner Information:	RECEIVED		
Name: KEVIN W AND R RENE MCCRACKEN			
Address 1: PO BOX 244	When filing a Form T-1 involving multiple surface owners, attach an additiona 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: SYRACUSE State: KS Zip: 67878 +	to any, and with four collection property tax records on the county treasurer.		
Select one of the following:	n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, ar  I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface owner.	pocated: 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.  Cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and		
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-1	fee with this form. If the fee is not received with this form, the KSONA-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: 3/17/17 Signature of Operator or Agent:	Title: MUR		