KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

030317_Parsons_2.pdf Form T-1 July 2014

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:	3
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.: 223149 KR
Gas Gathering System:	Lease Name: PARSONS
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease: ALL OF SECTION 27, T23S, R41W
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: HAMILTON
Number of Injection Wells **	Production Zone(s): CHASE GROUP
Field Name: BRADSHAW GAS AREA	Injection Zone(s):
** Side Two Must Be Completed.	
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	KCC WICHITA
Past Operator's License No. 4894	Contact Person: BLAINE SHEPPARD
Past Operator's Name & Address: HORSESHOE OPERATING, INC.	Phone: 432-683-1448
110 W. LOUISIANA, STE 200, MIDLAND, TX 79701	Date: 3/7/2017
Title: MANAGER	Signature: P, LL
25442	STEVE RACKLEY
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: The Relly
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	
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 $4/14/17$	PRODUCTION APR 1 2017 UIC 4-14-17
Mail to: Past Operator New Operator	or District

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 223149				
* Lease Name:	PARSONS		* Location:	ALL OF SECTION 27, T2	3S, R41W
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2	15-075-20732 /	660 Circle	660 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	- Marie - Constant - C	V00
		FSL/FNL	FEL/FWL		KCC WICHITA
					MAR 24 2017
where the same of		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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		I OLI NL	LL/ VVL		-

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
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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

	Well Location:	
OPERATOR: License # 35442 Name: PRAIRIE GAS OPERATING, LLC		. 23 S. R. 41 East X West
Address 1: 427 S. Boston Ave, Suite 520	County: HAMILTON	O. H Edst 🔼 West
Address 2:	Lease Name: PARSONS	Wall #. 2
City: Tulsa State: OK Zip: 74103 +		n a lease, enter the legal description o
Contact Person: Steve Rackley	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
		RECEIVED
Surface Owner Information:		
Name: 4D AG, LLC	When filing a Form T-1 involving multip	ole surface owners, attach an additional
Address 1: PO BOX 744	sheet listing all of the information to the owner information can be found in the	ne left for each surface owner. Surface records of the register of deeds for the
Address 2:	county, and in the real estate property	
City: SYRACUSE State: KS Zip: 67878 +		
		s. The locations shown on the plat
	on the Form C-1 plat, Form CB-1 plat, o	a separate plat may be submitted.
 are preliminary non-binding estimates. The locations may be entered of 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 filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, at I have not provided this information to the surface owner(s). If KCC will be required to send this information to the surface owner(s). 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 located: 1) a copy of the Form C-1, Fobeing filed is a Form C-1 or Form CB-and email address. acknowledge that, because I have not pwner(s). To mitigate the additional costs of the surface owner by filling out the	the following to the surface m CB-1, Form T-1, or Form , the plat(s) required by this
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, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface or	Act (House Bill 2032), I have provided located: 1) a copy of the Form C-1, Form CB-1 and email address. acknowledge that, because I have not payoner(s). To mitigate the additional costs of the surface owner by filling out the KCC, which is enclosed with this form.	the following to the surface m CB-1, Form T-1, or Form , the plat(s) required by this rovided this information, the of the KCC performing this top section of this form and
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, a I have not provided this information to the surface owner(s). If KCC will be required to send this information to the surface owner (s). If a kCC will be required to send this information to the surface owner (s). If the constant I am being charged a \$30.00 handling fee, payable to the lift 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 is hereby certify that the statements made herein are true and correct to	Act (House Bill 2032), I have provided located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-and email address. acknowledge that, because I have not powner(s). To mitigate the additional costs of the surface owner by filling out the KCC, which is enclosed with this form. If fee with this form. If the fee is not recent will be returned.	the following to the surface m CB-1, Form T-1, or Form , the plat(s) required by this rovided this information, the of the KCC performing this top section of this form and

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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

OPERATOR: License # 35442	Well Location:			
Name: PRAIRIE GAS OPERATING, LLC Address 1: 427 S. Boston Ave, Suite 520	County: PARSONS NE .NE Sec. 27 Twp. 23 S. R. 41 East West NE .NE Sec. 27 Twp. 23 S. R. 41 NE .NE Sec. 27 Twp. 23 S. R. 41 NE .NE Sec. 27 Twp. 23 S. R. 41 NE .NE Sec. 27 Twp. 23 S. R. 41			
Address 2:				
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells on a leas MOCHMICHIPA of the lease below: MAR 2 4 2017 RECEIVED			
Contact Person: Steve Rackley Phone: (918) 734-7727 Fax: (918) 398-6002 Email Address: srackley@pge-llc.com				
			Surface Owner Information:	
			Name: CATHY MILLER	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1; PO BOX 61	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: INDIANOLA State: IA Zip: 50125 +				
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:	ank 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 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 task, I acknowledge that I must provide the name and addre	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ss of the surface owner by filling out the top section of this form and e KCC, which is enclosed with this form.			
that i am being charged a \$50.00 flanding lee, payable to the				
	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.			
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 CB-1, or Form T-1, or For	P-1 will be returned.			

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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

OPERATOR: License # 35442	Molt Lanking.	
Name: PRAIRIE GAS OPERATING, LLC	Well Location:	. 23 S. R. 41 East X West
Address 1: 427 S. Boston Ave, Suite 520	County: HAMILTON	S. H East X West
Address 2:	Lease Name: PARSONS	Mall #. 2
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells o	
Contact Person: Steve Rackley	If filing a Form T-1 for multiple wells o the lease below:	KCC WICHITA
City: Tulsa	MAR 2 4 2017	
		RECEIVED
Surface Owner Information: Name: GAYLE LYBBERT LIFE TRUST Address 1: PO BOX 744 Address 2: City: SYRACUSE State: KS Zip: 67878 +	When filing a Form T-1 involving multip sheet listing all of the information to the owner information can be found in the county, and in the real estate property	ne left for each surface owner. Surface records of the register of deeds for the
f this form is being submitted with a Form C-1 (Intent) or CB-1 (Ca the KCC with a plat showing the predicted locations of lease roads	athodic Protection Borehole Intent), you mu	ust supply the surface owners and
f this form is being submitted with a Form C-1 (Intent) or CB-1 (Can he KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be enterestelect one of the following:	tank batteries, pipelines, and electrical line	s. The locations shown on the plot
 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; and 3) my operator name, address, phone number, fare 	tank batteries, pipelines, and electrical linesed on the Form C-1 plat, Form CB-1 plat, or ce Act (House Bill 2032), I have provided be located: 1) a copy of the Form C-1, Forom being filed is a Form C-1 or Form CB-1 ax, and email address.	s. The locations shown on the plat a separate plat may be submitted. the following to the surface m CB-1, Form T-1, or Form, the plat(s) required by this
Are preliminary non-binding estimates. The locations or lease roads, 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 the CP-1 that I am filing in connection with this form; 2) if the form.	tank batteries, pipelines, and electrical linesed on the Form C-1 plat, Form CB-1 plat, or the Form C-1 plat plat, or the located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1 ax, and email address. I acknowledge that, because I have not preserved by the surface owner by filling out the stress of the surface owner by filling out the stress owner by filling out the stress of the surface owner by filling out the stress of the surface owner by filling out the stress of the surface owner by filling out the stress owner by filling out the stress of the surface owner by filling out the stress of the surface owner by filling out the stress of the surface owner by filling out the stress of the surface owner by filling out the stress of the surface owner by filling out the stress owner by filling out the stress of the surface owner by filling out the stress of the surface owner by filling out the stress owner by the stress owner by the stress own	s. The locations shown on the plat a separate plat may be submitted. the following to the surface m CB-1, Form T-1, or Form, the plat(s) required by this
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CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

OPERATOR: License # 35442	Well Location:	
Name: PRAIRIE GAS OPERATING, LLC	NE_NE_Sec. 27 Twp. 23 S. R. 41 East X West	
Address 1: 427 S. Boston Ave, Suite 520	County: HAMILTON	
Address 2:	Lease Name: PARSONS Well #: 2	
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells of SCC MICHATAScription of	
Contact Person: Steve Rackley	the lease below:	
Contact Person: Steve Rackley Phone: (918) 734-7727 Fax: (918) 398-6002	MAR 2 4 2017	
Email Address: srackley@pge-llc.com	RECEIVED	
Surface Owner Information: Name: KANSAS FISH & GAME COMMISSION	When filing a Form T-1 involving multiple surface owners, attach an additional	
Address 1: RT 2 BOX 54A	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: PRATT State: KS Zip: 67124 +		
	nk batteries, pipelines, and electrical lines. The locations shown on the plat	
are preliminary non-binding estimates. The locations may be entered Select one of the following:	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 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 clocated: 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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