KANSAS CORPORATION COMMISSION 030317_Sandifer.pdf Form must be Typed

July 2014 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 submit	ted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: March 7, 2017
Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 224018 / KR
Gas Gathering System:	Lease Name: SANDIFER
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	S2 SW NESec33 _Twp19 R39 E _/ W
feet from E / W Line	Legal Description of Lease: S/2 SECTION 34, N/2 SECTION 33,
Enhanced Recovery Project Permit No.:	T19S, R39W
Entire Project: Yes No	County: GREELEY
Number of Injection Wells **	Production Zone(s): CHASE GROUP
Field Name: BRADSHAW GAS AREA	Injection Zone(s):
** Side Two Must Be Completed.	KCC WICHITA
Surface Pit Permit No.:	feet from N / S Lin MARec 204 2017
(API No. if Drill Pit, WO or Haul)	
T(P)	feet from E / W Line RECEIVED
Type of Pit: Burn Settling	Haul-Off Workover Drilling
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: 3/7/2047
Title: MANAGER	5-1
ilus.	Signature:
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:
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
noted, approved and duly recorded in the records of the Kansas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	bove injection well(s) or pit permit.
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 _4/6/17 F	PRODUCTION APR 17 2017 UIAPR 0 7 2017
Mail to: Past Operator New Operato	r District

Side Two

Must Be Filed For All Wells

	e No.: 224018				
* Lease Name:	SANDIFER	* Location: \$/2 SECTION 34, N/2 SECTION 33,			
Well No. API No. (YR DRLD/PRE '67)		T19 Footage from Section Line (i.e. FSL = Feet from South Line)		S, R39W Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2	15-071-20752	2310 Circle	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
****	177	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
,					
			FEL/FWL		
			FEL/FWL		
			FEL/FWL		

			FEL/FWL		
			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.

	Well Location:		
OPERATOR: License # 35442 Name: PRAIRIE GAS OPERATING, LLC	S2 _SW_ NE _Sec. 33 _Twp. 19 _S. R. 39 East X West		
Address 1: 427 S. Boston Ave, Suite 520	County: Greeley		
Address 2:	Lease Name: SANDIFER Well #- 2		
City: Tulsa State: OK Zip: 74103 + Contact Person: Steve Rackley Phone: (918) 734-7727 Fax: (918) 398-6002	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: KCC WICHITA		
Contact Person: Steve Rackley			
Phone: (918) 734-7727 Fax: (918) 398-6002	WOO MICHIA		
Email Address: srackley@pge-llc.com	MAR 2 4 2017		
	RECEIVED		
Surface Owner Information:	- IIIVED		
	When filling a Form T.1 involving multiple gurface owners attach as additional		
Name: SANDIFER FAMILY 2009 TRUST Address 1: PO BOX 16211	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: BEVERLY HILLS State: CA Zip: 90209 +			
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.		
	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		
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,	n being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.		
 CP-1 that I am filing in connection with this form; 2) if the forr 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 	acknowledge that, because I have not provided this information, the pwner(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		
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 task, I acknowledge that I must provide the name and addret that I am being charged a \$30.00 handling fee, payable to the	n 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 owner(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. If the fee is not received with this form, the KSONA-1		
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 task, I acknowledge that I must provide the name and address that 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 CB thereby certify that the statements made herein are true and correct.	n 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 owner(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 e KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.		