July 2014 Form must be Typed Form must be Signed All blanks must be Filled

Form T-1

# 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: Effective Date of Transfer: March 1/2017 Oil Lease: No. of Oil Wells \_\_\_ Gas Lease: No. of Gas Wells \_\_1 KS Dept of Revenue Lease No.: 222931 /KR Gas Gathering System: \_ Lease Name: WILCOX Saltwater Disposal Well - Permit No.: \_\_\_ \_- \_\_\_\_ <u>SE</u> Sec. <u>34</u> Twp. <u>22</u> R. <u>40</u> ☐ E ✓ W \_ feet from N / S Line Legal Description of Lease: SECTION 34, T22S, R40W 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 KCC WICHITA Field Name: BRADSHAW GAS AREA Injection Zone(s):\_ \*\* Side Two Must Be Completed. Surface Pit Permit No.: \_ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Type of Pit: Emergency Burn Settling Haul-Off Workover **BLAINE SHEPPARD** Past Operator's License No. Contact Person: Past Operator's Name & Address: HORSESHOE OPERATING, INC. Phone: 432-683-1448 110 W. LOUISIANA, STE 200, MIDLAND, TX 79701 3/7/2017 Title: MANAGER Contact Person: STEVE RACKLEY 35442 New Operator's License No. -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 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.: \_ Authorized Signature Authorized Signature uic 4-12-17 DISTRICT -**PRODUCTION** Mail to: Past Operator \_ **New Operator** 

#### Side Two

#### Must Be Filed For All Wells

* Lease Name:	No.: 222931 WILCOX		* Location:S	SECTION 34, T22S, R40W	1
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-075-20705 🗸	1320 Circle	1320 Circle FWL	GAS	<u>IN</u>
		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
					2
		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		
		FSL/FNL			
		JL/  INL	1 hat/1 VVL		

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.

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		22 S. R. 40 East <b>x</b> West
Address 1: 427 S. Boston Ave, Suite 520	COURTY: HAMILTON	S. n Edst ★ west
Address 2:	County: HAMILTON Lease Name: WILCOX	Moll 4. 1
City: Tulsa State: OK 7ip. 74103	If filing a Form T.1 for multiple wells a	n a lease, enter the legal description of
Phone: (918 ) 734-7727 Fax: (918 ) 398-6002	-	KCC WICHITA
Contact Person: Steve Rackley  Phone: ( 918 ) 734-7727 Fax: ( 918 ) 398-6002  Email Address: srackley@pge-llc.com		KCC WICHITA MAR 2 4 2017
Surface Owner Information:		RECEIVED
Name: JEANETTE A WILTSE VRABEL	When filing a Form T.1 involving multi-	<del>-</del> .
Address 1: 2901 C SOUTH WOODSTOCK	sheet listing all of the information to the	ole surface owners, attach an additional ne left for each surface owner. Surface
Address 2:	county, and in the real estate property	records of the register of deeds for the tax records of the county treasurer.
City: ARLINGTON State: VA Zip: 22206 +		
THE KLILL WITH A HIST SHOWING THE HEADICTED INCATIONS OF IGASE POODS to	ink hatteries, ninelines, and electrical line	s. The locations shown on the plat
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:	on the Form C-1 plat, Form CB-1 plat, or	a separate plat may be submitted.
are preliminary non-binding estimates. The locations may be entered	Act (House Bill 2032), I have provided to located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1	the following to the surface
<ul> <li>are preliminary non-binding estimates. The locations may be entered</li> <li>Select one of the following:</li> <li>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</li> </ul>	Act (House Bill 2032), I have provided e located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1 and email address.  acknowledge that, because I have not prowner(s). To mitigate the additional cost ss of the surface owner by filling out the	the following to the surface rm CB-1, Form T-1, or Form I, the plat(s) required by this
<ul> <li>are preliminary non-binding estimates. The locations may be entered</li> <li>Select one of the following:</li> <li>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,</li> <li>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</li> </ul>	Act (House Bill 2032), I have provided a located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1 and email address.  acknowledge that, because I have not provided the additional cost as of the surface owner by filling out the e KCC, which is enclosed with this form.	the following to the surface rm CB-1, Form T-1, or Form I, the plat(s) required by this provided this information, the cof the KCC performing this top section of this form and
<ul> <li>Select one of the following:</li> <li>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,</li> <li>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 lift choosing the second option, submit payment of the \$30.00 handling</li> </ul>	Act (House Bill 2032), I have provided e located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1 and email address.  acknowledge that, because I have not powner(s). To mitigate the additional cost as of the surface owner by filling out the e KCC, which is enclosed with this form.  If the fee is not received the returned.	the following to the surface rm CB-1, Form T-1, or Form I, the plat(s) required by this provided this information, the cof the KCC performing this top section of this form and

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		vp. 22 S. R. 40 East <b>x</b> West
Address 1: 427 S. Boston Ave, Suite 520	County: HAMILTON	vp C. Ti Last 🗷 West
Address 2:	Lease Name: WILCOX	Well #. 1
City: Tulsa State: OK Zip: 74103 +		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
		RECEIVED
Surface Owner Information:		. LOEIVED
Name: CAROLYN S MORTON	When filing a Form T-1 involving mu	ltiple surface owners, attach an additional
Address 1: 14527 SANDY CREEK DR.	sheet listing all of the information to	the left for each surface owner. Surface
Address 2:		he records of the register of deeds for the ty tax records of the county treasurer.
City: HOUSTON State: TX Zip: 77070 +		
are preliminary non-binding estimates. The locations may be entered or Select one of the following:	n the Form C-1 plat, Form CB-1 plat,	or a separate plat may be submitted.
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be loce. 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, at	cated: 1) a copy of the Form C-1, Form CF or	Form CB-1, Form T-1, or Form B-1, the plat(s) required by this
KCC will be required to send this information to the surface ow task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the K	ner(s). To mitigate the additional co of the surface owner by filling out the	ost of the KCC performing this ne 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 re will be returned.	eceived with this form, the KSONA-1
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belie	f.
Date: 3/17/17 Signature of Operator or Agent:	Helly Title:	MGR

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		22 S. R. 40 East X West
Name: PRAIRIE GAS OPERATING, LLC Address 1: 427 S. Boston Ave, Suite 520	County: HAMILTON	J. JiLust 📉 West
Address 2:	Lease Name: WILCOX	Well #: 1
City: Tulsa State: OK Zip: 74103 +		on a lease, enter the legal description of
Contact Person: Steve Rackley  Phone: ( 918 ) 734-7727 Fax: ( 918 ) 398-6002	the lease below:	KCC WICHITA
Phone: ( 918 ) 734-7727 Fax: ( 918 ) 398-6002		MAD
Email Address: srackley@pge-llc.com		MAR 2 4 2017
		RECEIVED
Surface Owner Information:		
Name: LLOYD & SHIRLEY YODER	When filing a Form T-1 involving mult	iple surface owners, attach an additional
Address 1: 8 WILLIAMS AVE	sheet listing all of the information to	the left for each surface owner. Surface erecords of the register of deeds for the
Address 2:	county, and in the real estate property	<b>9</b>
City: SOUTH HUTCHINSTON State: KS Zip: 67505 +		
are preliminary non-binding estimates. The locations may be entered o  Select one of the following:	n the Form C-1 plat, Form CB-1 plat, c	or a separate plat may be submitted.
selectione of the following.		
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be ICP-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	ocated: 1) a copy of the Form C-1, Form Celebring filed is a Form C-1 or Form CB-	orm CB-1, Form T-1, or Form
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owners, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the H	vner(s). To mitigate the additional cos s of the surface owner by filling out the	st of the KCC performing this etop section of this form and
f choosing the second option, submit payment of the \$30.00 handling orm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-		ceived with this form, the KSONA-1
hereby certify that the statements made herein are true and correct to Date: 3/17/17 Signature of Operator or Agent:	the best of my knowledge and belief.	

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: IICENSE # ** : =	Well Location:	
Name: PRAIRIE GAS OPERATING, LLC		Twp. 22 s. R. 40 East <b>x</b> West
OPERATOR: License # 35442  Name: PRAIRIE GAS OPERATING, LLC  Address 1: 427 S. Boston Ave, Suite 520	County: HAMILTON	TWP CLOSEN West
Address 2:	Lease Name: WILCOX	Well #: 1
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple we	ells on a lease, enter the legal description of
Contact Person: Steve Rackley	the lease below:	,
Phone: ( 918 ) 734-7727 Fax: ( 918 ) 398-6002		KCC WICHITA
Contact Person: Steve Rackley  Phone: ( 918 ) 734-7727 Fax: ( 918 ) 398-6002  Email Address: srackley@pge-llc.com		MAR 2 4 2017
Surface Owner later we still us		RECEIVED
Surface Owner Information:  Name: JOHN J. & MARCIA J. ASHMORE	Marie Character Table 1	
Address 1: PO BOX 219	sheet listing all of the information	nultiple surface owners, attach an additional to the left for each surface owner. Surface
Address 2:		n the records of the register of deeds for the perty tax records of the county treasurer.
City: SYRACUSE State: KS Zip: 67878 +		,
are preliminary non-binding estimates. The locations may be entered Select one of the following:	on the Form C-1 plat, Form CB-1 pla	at, or a separate plat may be submitted.
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	located: 1) a copy of the Form C-1 being filed is a Form C-1 or Form and email address.  acknowledge that, because I have rewner(s). To mitigate the additional as of the surface owner by filling out	Form CB-1, Form T-1, or Form CB-1, the plat(s) required by this not provided this information, the cost of the KCC performing this 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	KCC, which is enclosed with this to	
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the f choosing the second option, submit payment of the \$30.00 handling	g fee with this form. If the fee is no	
task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the off 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 CF hereby certify that the statements made herein are true and correct to	g fee with this form. If the fee is no -1 will be returned.	t received with this form, the KSONA-1

### 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

OPERATOR: License # 35442	Well Location:	
Name: PRAIRIE GAS OPERATING, LLC		22 s. R. 40 ☐ East <b>x</b> West
Name: PRAIRIE GAS OPERATING, LLC  Address 1: 427 S. Boston Ave, Suite 520	County: HAMILTON	
Address 2:	Lease Name: WILCOX	Well #: 1
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells on a	
Contact Person: Steve Rackley  Phone: ( 918 ) 734-7727 Fax: ( 918 ) 398-6002	the lease below:	KCC WICHITA
Phone: ( 918 ) 734-7727 Fax: ( 918 ) 398-6002		MAD
Email Address: srackley@pge-llc.com		MAR 2 4 2017
4	77777711111	RECEIVED
Surface Owner Information:		- ZIVED
Name: JOHN GREGORY HOWELL	When filing a Form T-1 involving multiple	surface owners, attach an additional
Name: JOHN GREGORY HOWELL Address 1: 3500 NE CR 13	sheet listing all of the information to the owner information can be found in the re	left for each surface owner. Surface
Address 2:	county, and in the real estate property ta.	
City: SYRACUSE State: KS Zip: 67878 +		
the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered or Select one of the following:	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 Acowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, ar	cated: 1) a copy of the Form C-1, Form eing filed is a Form C-1 or Form CB-1, to	CB-1, Form T-1, or Form
☐ I have not provided this information to the surface owner(s). I ac	ner(s). To mitigate the additional cost o	f the KCC performing this
KCC will be required to send this information to the surface ow task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the K	of the surface owner by filling out the to CC, which is enclosed with this form.	p section of this form and
KCC will be required to send this information to the surface ow task, I acknowledge that I must provide the name and address	CC, which is enclosed with this form.  iee with this form. If the fee is not recei	
KCC will be required to send this information to the surface ow task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the K If choosing the second option, submit payment of the \$30.00 handling if form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1. I hereby certify that the statements made herein are true and correct to	CC, which is enclosed with this form.  iee with this form. If the fee is not receif  will be returned.	

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		00 40
Name: PRAIRIE GAS OPERATING, LLC Address 1: 427 S. Boston Ave, Suite 520		22 S. R. 40 East <b>X</b> West
Address 1: 427 S. Boston Ave, Suite 520	County: HAMILTON	
Address 2:	Lease Name: WILCOX	Well #: 1
City: Tulsa State: OK Zip: 74103 + Contact Person: Steve Rackley	If filing a Form T-1 for multiple wells on the lease below:	
Contact Person: Steve Rackley Phone: ( 918 ) 734-7727 Fax: ( 918 ) 398-6002	MAR	MAR 2 4 2017
mail Address: srackley@pge-llc.com		RECEIVED
Surface Owner Information: Name: ROGER L. & VICTORIA L. KERR	When filing a Form T.1 involving multipling	ula curface owners attach an additional
Name: ROGER L. & VICTORIA L. KERR Address 1: 412 S PINE ST	When filing a Form T-1 involving multiple sheet listing all of the information to the	e left for each surface owner. Surface
Address 2:	owner information can be found in the recounty, and in the real estate property to	
		•
State: KS Zip: 67124 +	Cathodic Protection Borehole Intent), you must, tank batteries, pipelines, and electrical lines	s. The locations shown on the plat
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be ente	Cathodic Protection Borehole Intent), you must, tank batteries, pipelines, and electrical lines	s. The locations shown on the plat
If this form is being submitted with a Form C-1 (Intent) or CB-1 (C the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be ente	Cathodic Protection Borehole Intent), you must, tank batteries, pipelines, and electrical lines ared on the Form C-1 plat, Form CB-1 plat, or tice Act (House Bill 2032), I have provided be located: 1) a copy of the Form C-1, Forform being filed is a Form C-1 or Form CB-1	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
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Counter the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enterested to the following:  I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form	Cathodic Protection Borehole Intent), you must, tank batteries, pipelines, and electrical lines red on the Form C-1 plat, Form CB-1 plat, or tice Act (House Bill 2032), I have provided I be located: 1) a copy of the Form C-1, Form being filed is a Form C-1 or Form CB-1 fax, and email address.  S). I acknowledge that, because I have not proce owner(s). To mitigate the additional cost dress of the surface owner by filling out the	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  rovided this information, the of the KCC performing this
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cithe KCC with a plat showing the predicted locations of 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 Not owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, if I have not provided this information to the surface owner(s KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and address.	Cathodic Protection Borehole Intent), you must, tank batteries, pipelines, and electrical lines ared on the Form C-1 plat, Form CB-1 plat, or tice Act (House Bill 2032), I have provided a be located: 1) a copy of the Form C-1, For form being filed is a Form C-1 or Form CB-1 fax, and email address.  (a). I acknowledge that, because I have not proceed owner(s). To mitigate the additional cost dress of the surface owner by filling out the othe 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
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Counter the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be entered to be select one of the following:  I certify that, pursuant to the Kansas Surface Owner Not owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, the land upon this information to the surface owner(see KCC will be required to send this information to the surface task, I acknowledge that I must provide the name and additude that I am being charged a \$30.00 handling fee, payable to the choosing the second option, submit payment of the \$30.00 handling fee.	Cathodic Protection Borehole Intent), you must, tank batteries, pipelines, and electrical lines ared on the Form C-1 plat, Form CB-1 plat, or tice Act (House Bill 2032), I have provided a be located: 1) a copy of the Form C-1, For form being filed is a Form C-1 or Form CB-1 fax, and email address.  (a). I acknowledge that, because I have not proceed owner(s). To mitigate the additional cost dress of the surface owner by filling out the othe KCC, which is enclosed with this form.  (adding fee with this form. If the fee is not received on CP-1 will be returned.	the following to the surface m CB-1, Form T-1, or Form, the plat(s) required by this