KANSAS CORPORATION COMMISSION 041017_Lewman_A OIL & GAS CONSERVATION DIVISION

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 subm	itted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 4-10-2017			
Gas Lease: No. of Gas Wells++	KS Dept of Revenue Lease No.: _230902/139447			
Gas Gathering System:	Lease Name: G&M Lewman Trust A2-12			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	Sec. 12 Twp. 338 R. 13 F W			
feet from E / W Line	Legal Description of Lease: NW ex 2 ac off S side			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Montgomery Production Zone(s): Penn Coals			
Number of Injection Wells **				
Field Name:	Injection Zone(s):			
** Side Two Must Be Completed.				
Surface Plt Permit No.:	feet from N / S Line of Section			
(API No. if Drill Pit, WO or Haul)	feet from E // W Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling			
Past Operator's License No. 34301 /	Contact Person: Kyler Finney			
Past Operator's Name & Address: Finney Oil Company	Phone: 918-440-8878			
P.O. Box 87 Wann, OK 74083	Date: 4-12-17 Received KANSAS CORPORATION COMMISSION			
Title: Owner	Signature: APR 1 7 2017			
New Operator's License No. 35457	Conservation Division Contact Person: Kyler Finney WICHITA, KS			
New Operator's Name & Address: Reata Petroleum, LLC	Phone: 918-440-8878			
P.O. Box 111 Independence, KS 67301				
1.0.50X 111 independence, no 07001	Oil / Gas Purchaser: Coffeyville Resources			
	Date: 4-12-17			
Title: Manager	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection	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				
	T			
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: Authorized Signature / /	Date:			
Autionzed Signature 7 ,	Autnorizea Sianature			
41.01-	PRODUCTION APR 18 2017 UIC 4-/8-/7			

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 230902/139447		····			
Lease Name:	G&M Lewman Trust A2-12	2 * Location: NW ex 2 ac off S side				
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)	
G&M Lewman A2-12	15-125-31617-00-00	Circle 4620'FSL FSL/FNL	3300'FEL FEL/FWL	Oil & Gas	Prod	
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		FSL/FNL	FEL/FWL		CONSERVATION DIVISION	
		FSL/FNL	FEL/FWL		WICHITA, KS	
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			FF4 /F348			
			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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca	athodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 34301	Well Location:		
Name: Finney Oil Company	Sec. 12 Twp. 33S S. R. 13 🗷 East 🗌 West		
Address 1: P.O. Box 87	County: Montgomery		
Address 2:	Lease Name: G&M Lewman Trust Well #: A2-12		
City: Wann State: OK Zip: 74083 +			
Contact Person: Kyler Finney	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Phone: / 918 \ 440-8878 Fav. /	NW ex 2 ac off S side		
Phone: (918) 440-8878 Fax: () Email Address: kfinney@finneyoilco.com	OON		
Surface Owner Information:			
Surface Owner Information: Name: Gene & Mary Lewman Liv Trust Address 1: 1330 CR 4025 Address 2: City: Elk City State: KS Zip: 67344 +	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 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.		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodi the KCC with a plat showing the predicted locations of lease roads, tank to are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat		
I certify that, pursuant to the Kansas Surface Owner Notice Accowner(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, and	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form sing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
□ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	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	ee 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 4-12-17	he best of my knowledge and belief. Owner		
Date: Signature of Operator or Agent:	Title:		