KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

010117_Rall.pdf

Form T-1 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,

Form KSONA-1, Certification of Compliance with MUST be submitted	4 44.04.		
Check Applicable Boxes:	January 1, 2017		
Oil Lease: No. of Oil Wells** Viscol ease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 206482 / 07417/2 C 6481 VKR		
Gas Lease. No. of Gas train	KS Dept of nevertice 20000 from		
Gas Gathering System:	Lease Name: Rall		
Saltwater Disposal Well - Permit No.:	C _ E/2 _ SW _ SW _ Sec 26 _ Twp 31 _ R 9 E / W		
Spot Location: feet from N / S Line feet from E / W Line	Legal Description of Lease: SW/4 Sec 26-T31S-R9W		
Enhanced Recovery Project Permit No.:	County: Harper		
Entire Project: Yes No	County: Halper		
Number of Injection Wells**	Production Zone(s): Mississippi		
Field Name: Spivey-Grabs	Injection Zone(s):		
** Side Two Must Be Completed.			
	feet from N / S Line of Section		
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section		
Settling	Haul-Off Workover OR V Drilling		
Type of Pit: Emergency Series			
Past Operator's License No. 32433	Contact Felder		
Past Operator's Name & Address: Onshore, L.L.C.	Phone: 316-262-3413 APR 2 6 2017		
11126 W. 21st St. N., Wichita, KS 67205-1846	Date: 4-24-17 RECEIVED		
	Signature:		
Title: Manager			
34352	Contact Person: Randy Newberry		
New Operator's License No.	Phone: 620-254-7251		
New Operator's Name & Address: N-10 Exploration, LLC	Oil / Gas Purchaser: Pioneer Exploration, Houston, TX 77090		
P. O. Box 195	Oil / Gas Purchaser: Date: 4 - 24 - 2017		
Attica, KS 67009	Date: 4 - 24 - 2017		
Title: Manager	Signature: Mund Muleur		
	has been		
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		
and duly recorded in the records of the Kansas Corporation	Commission. The doctors		
Commission records only and does not convey any ownership interest in the	a above injection well(s) or pit pormitte		
t pulsadand 25	is acknowledged as		
is acknowledged as	the new operator of the above named lease containing the surface pit		
the new operator and may continue to inject fluids as authorized by			
Permit No.: Recommended action:	permitted by No.:		
Date:	Date: Authorized Signature		
Authorized Signature	MAY 0 3 201/ UIC 5-3-17		
DISTRICT EPR New One	PRODUCTION District		
Mail to: Past Operator New Oper	(MV)		

Must Be Filed For All Wells

KDOR Lease No.: 20648 167417 *Location: C E/2 SW SW Sec 26-T31S-R9W					
Lease Name:	Rail		* Location:	, L/2 GVV GVV GCG 20 TX	
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)
1	15-077-20195-0000V	660 FSL FNL	4290 (FEL)FWL	Gas	Prod.
		FSL/FNL	FEL/FWL		_
			FEL/FWL		
		FSL/FNL	FEL/FWL		
	-				
					
			FEL/FWL		
			FEL/FWL		
·					
	_				
		FSL/FNL	FEL/FW		

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.

Name: N-10 Exploration, LLC Address 1: 124 N. Main Address 2: P. O. Box 195 City: Attica State: KS Zip: 67009 + Lease Name: Rall If filling a Form 7-1 for m the lease below: Surface Owner Information: Name: Randell J. Newberry Revocable Trust Address 1: P. O. Box 195 Address 2: City: Attica State: KS Zip: 67009 + More filling a Form 7-1 for m the lease below: When filling a Form 7-1 in the lease below: When filling a Form 7-1 in the sheet listing all of the incomer information can be county, and in the real estimates 1: P. O. Box 195 Address 2: City: Attica State: KS Zip: 67009 + More filling a Form 7-1 in the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I had owner(s) of the land upon which the subject well is or will be located: 1) a copy of the FCP-1 that I am filling in connection with this form; 2) if the form being filed is a Form C-1 form; and 3) my operator name, address, phone number, fax, and email address. I have not provided this information to the surface owner(s). I acknowledge that, because KCC will be required to send this information to the surface owner(s). To mitigate the actask, I acknowledge that I must provide the name and address of the surface owner by that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed will be form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned. I hereby certify that the statements made herein are true and corpact to the best of my knowledge.				
City: Attica State: KS Zip: 67009 +	Well Location: <u>E/2_SW_SW</u> Sec. <u>26</u> Twp. <u>31</u> S. R. <u>9</u> ☐ East ☐ West			
City: Attica State: KS Zip: 67009 +				
City: Attica State: KS Zip: 67009 +	Well #:			
Contact Person: Randy Newberry Phone: (620) 254-7251	If filing a Form T-1 for multiple wells on a lease, enter the legal description			
Surface Owner Information: Name: Randell J. Newberry Revocable Trust Address 1: P. O. Box 195 Address 2:				
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Name: Randell J. Newberry Revocable Trust Address 1: P. O. Box 195 Address 2: State: KS Zip: 67009 + State: KS Z	RECEIVED			
Address 1: P. O. Box 195 Address 2:				
Address 1: P. O. Box 195 Address 2:	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			
Address 2:				
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole In the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I had owner(s) of the land upon which the subject well is or will be located: 1) a copy of the FCP-1 that I am filling in connection with this form; 2) if the form being filed is a Form C-1 of form; and 3) my operator name, address, phone number, fax, and email address. I have not provided this information to the surface owner(s). I acknowledge that, because KCC will be required to send this information to the surface owner(s). To mitigate the act task, I acknowledge that I must provide the name and address of the surface owner by that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed will choosing the second option, submit payment of the \$30.00 handling fee with this form. If the inform and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned. I hereby certify that the statements made herein are true and correct to the best of my knowledge.	estate property tax records of the county treasurer.			
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KCC will be required to send this information to the surface owner(s). To mitigate the act task, I acknowledge that I must provide the name and address of the surface owner by that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed will choosing the second option, submit payment of the \$30.00 handling fee with this form. If the form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned. I hereby certify that the statements made herein are true and correct to the best of my knowledge.	Form C-1, Form CB-1, Form T-1, or Form			
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned. I hereby certify that the statements made herein are true and correct to the best of my knowledge.	additional cost of the KCC performing this filling out the top section of this form and			
	fee is not received with this form, the KSONA-1			
Date: 4-24-2017 Signature of Operator or Agent: Karok Vickery	ManagerTitle:			