### Kansas Corporation Commission

July 20

Form 7

### OIL & GAS CONSERVATION DIVISION 010117\_Washbon.pdf Form must be Type EST FOR CHANGE OF OPERATOR All blanks must be Fille 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:	UST be submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 206534 , 107 584 /KR
Gas Gathering System:	Lease Name: Washbon
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S	
feet from E / V	1
Enhanced Recovery Project Permit No.:	Lot 2), and NW/4 SW/4 (a/d/a Lot 3) Sec 30-T31S-R8W
Entire Project: Yes No	County: Harper
Number of Injection Wells **	Production Zone(s): Mississippi
Field Name: Spivey-Grabs	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settli	feet from ☐ E / ☐ W Line of Section ing ☐ Haul-Off ☐ Workover ☐ ρ √ ☐ Drilling
Past Operator's License No. 32433 /	Contact Person: John Kelley KCC WICHITA
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
Title: Manager	RECEIVED
1106.	Signature:
New Operator's License No.	Contact Person: Randy Newberry
New Operator's Name & Address: N-10 Exploration, LLC	Phone: 620-254-7251
P. O. Box 195	
Attica, KS 67009	Oil / Gas Purchaser: Pioneer Exploration, Houston, TX 77090
	Date: 4-24-7017
Title: Manager	Signature: Karrley / Cleberres
Acknowledgment of Transfer: The above request for transfer	r of injection authorization, surface pit permit # has been
	Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership in	· · · · · · · · · · · · · · · · · · ·
is acknow	vledged as is acknowledged as
the new operator and may continue to inject fluids as auth	norized 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 $\frac{5}{1111}$	PRODUCTION MAY U Z 201/ uic 5-2-17
Mail to: Past Operator	New Operator District

### Must Be Filed For All Wells

KDOR Lease	e No.: 206534 107 <i>58</i>	4	-		
* Lease Name	Washbon	**** , w	* Location:		
Well No.	AP! No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet from	m South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-077-20358-0000 <i>V</i>	1800 FSL(FNL)	# Footage Circle	ges-Oper. Well Gas	Inventory Prod.
2	15-077-20780-0000	2100 (FSL/PNL	375 FE(/FWL)	Gas	Prod.
3	15-077-21409-0000	1615 FSL/FNL)	1910 FELJEWL	Gas	Prod.
4	15-077-21602-0000	1470 FS (FNL)	1650 FELFWL	Gas	Prod.
		FSL/FNL	FEL/FWL		
<del></del> ,		FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL _		KCC WICHIT
		FSL/FNL _	FEL/FWL		APR 2 6 2017
		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 _		
-					
				•	
	and the second second				

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.

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-July 201: 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.

OPERATOR: License # 34352	Mall Location		
Name: N-10 Exploration, LLC	_		
Address 1. 124 N. Main			
Address 1: 124 N. Main  Address 2: P. O. Box 195  City: Attica State: KS Zip: 67009 +	Lease Name: Washbon Well #:		
City: Attica State: KS Zin. 67009	Lease Name: Well #:		
Contact Person: Randy Newberry	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  W/2 NE/4, E/2 NW/4, SW/4 NW/4 (a/d/a Lot 1)  and NW/4 SW/4 (a/d/a Lot 3) Sec 30-T31S-R8W		
Phone: (620 ) 254-7251			
Contact Person: Randy Newberry  Phone: ( 620 ) 254-7251 Fax: ( 620 ) 254-7281  Email Address: rboil@sctelcom.net			
Surface Owner Information:  Name: Rani L. Bryant  Address 1: 1113 NW 100th Ave  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 county, and in the real estate property tax records of the county in the real estate.		
City: Attica State: KS Zip: 67009 +			
	APR 2 6 2017		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease roads	APR 2 6 2017		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (the KCC with a plat showing the predicted locations of lease roads are preliminary non-binding estimates. The locations may be enterested to be a select one of the following:  I certify that, pursuant to the Kansas Surface Owner No 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,  I have not provided this information to the surface owner(s KCC will be required to send this information to the surface.	APR 2 6 2017  RECEIVED  Cathodic Protection Borehole Intent), you must supply the surface owners and s, tank batteries, pipelines, and electrical lines. The locations shown on the plat ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Itice Act (House Bill 2032), I have provided the following to the surface libe located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.  S). I acknowledge that, because I have not provided this information, the ce owner(s). To mitigate the additional cost of the KCC performing this dress of the surface owner by filling out the top section of this form and		
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Any such form submitted without an accompanying Form KSONA-1 will be returned.

OPERATOR: License # 34352	Well Location:		
Name: N-10 Exploration, LLC			
Address 1: 124 N. Main	County: Harper		
Address 1: 124 N. Main  Address 2: P. O. Box 195	Lease Name: Washbon Well #:		
City: Attica State: KS Zip: 67009 +	If filing a Form T.1 for multiple wells an a local content to level described		
Contact Person: Randy Newberry	the lease below: W/2 NE/4, E/2 NW/4, SW/4 NW/4 (a/d/a Lot 1)		
Phone: ( 620 ) 254-7251 Fax: ( 620 ) 254-7281			
Contact Person: Randy Newberry  Phone: ( 620 ) 254-7251 Fax: ( 620 ) 254-7281  Email Address: rboil@sctelcom.net	and NW/4 SW/4 (a/d/a Lot 3) Sec 30-T31S-R8W		
Surface Owner Information:  Name: Sheila S. Sanders  Address 1: 1113 NW 100th Ave  Address 2:	When filing a Form T-1 involving multiple surface owners, attach an additions 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 at the county and in the real estate property tax records at the county and in the real estate property tax records at the county and in the real estate property tax records at the county and in the real estate property tax records at the county and in the real estate property tax records at the county and in the real estate property tax records at the county and in the real estate property tax records at the county and in the real estate property tax records at the county and the county and the county at		
City: Attica State: KS Zip: 67009 +	county, and in the real estate property tax records of the county and in the real estate property tax records		
State: State:+	ADD 6.0017		
	APR 2 6 2017		
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Select the corresponding form being filed: C-1 (Intent) CB-1	(Cathodic Protection Borehole Intent) X T-1 (Tra	nsfer) CP-1 (Plugging Application)	
OPERATOR: License # 34352	Well Location:		
Name: N-10 Exploration, LLC		3/ S. R. 8   Fast   Was	
Address 1: 124 N. Main	County: Harper	ELD. II Last P Wes	
Address 1: 124 N. Main  Address 2: P. O. Box 195	Lease Name: Washbon	Well #	
City: Attica State: KS Zip: 67009 +	If filing a Form T-1 for multiple wells on		
Contact Person: Randy Newberry	the lease below:		
Contact Person: Randy Newberry  Phone: ( 620 ) 254-7251 Fax: ( 620 ) 254-7281	W/2 NE/4, E/2 NW/4, SW/4 NW/4 (a/d/a Lot 1)		
Email Address: rboil@sctelcom.net	and NW/4 SW/4 (a/d/a Lot	: 3) Sec 30-T31S-R8W	
Surface Owner Information:  Name: Mac L. Sanders  Address 1: 1113 NW 100th Ave  Address 2: KS 67000	When filing a Form T-1 involving multiple sheet listing all of the information to the owner information can be found in the real estate property to	e left for each surface owner. Surfact ecords of the register of deeds for the	
City: Attica State: KS Zip: 67009 +		APR 2 6 2017	
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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 I 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	ocated: 1) a copy of the Form C-1, Forn being filed is a Form C-1 or Form CB-1,	n 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 I	vner(s). To mitigate the additional cost of the surface owner by filling out the to	of the KCC performing this	
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-	fee with this form. If the fee is not rece 1 will be returned.	ived with this form, the KSONA-	
I hereby certify that the statements made herein are true and correct to	// .		
Date: 4-24-2017 Signature of Operator or Agent:	Ma	nager	
	7.		