KANSAS CORPORATION COMMISSION

Form T-1 July 2014 OIL & GAS CONSERVATION DIVISION 020217_Richards_IN_I pdf 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:	ted with this form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: February 2, 2017			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 119707 / LR			
Gas Gathering System:	Lease Name: Richards			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	<u>SE _ NW _ SW Sec _ 21 Twp 28 R 20 </u>			
feet from E / W Line	Legal Description of Lease.			
Enhanced Recovery Project Permit No.: E22472.1	RICHARD 1 SW/4 NW-SW-SW SEC 21 TWP 28S R20 E RICHARD 1 SW/4 NW-SW-SW SEC 21 TWP 28S R20 E			
Entire Project: Ves No	County: NEOSHO			
Number of Injection Wells	Production Zone(s): BARTLESVILLE			
Field Name: Erie	Injection Zone(s):BARTLESVILLE			
** Side Two Must Be Completed.	,			
Surface Pit 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 & L Drilling			
Past Operator's License No. 30450 Exp. 8/30/2000	Contact Person: Steven W Winder			
Past Operator's Name & Address: SW OIL AND CATTLE CO	Phone: 620-820-3867			
17725 HWY 146 ERIE KS 66733	Date: 4 - 11-17			
Title: OWNER	Signature: Received Signature: KANSAS CORPORATION COMMISSION			
	APR 17 2017			
	AIR II CON			
New Operator's License No. 6403	Contact Person: RICHARD WINDER			
New Operator's License No. 6403 V New Operator's Name & Address: WINDER OIL COMPANY	Contact Person: RICHARD WINDER			
New Operator's License No. 6403 New Operator's Name & Address: WINDER OIL COMPANY 21955 OTTOWA ROAD	Contact Person: CONSERVATION DIVISION Phone: 620-754-3344 WICHITA, KS			
New Operator's Name & Address: WINDER OIL COMPANY 21955 OTTOWA ROAD	Contact Person: RICHARD WINDER Phone: 620-754-3344 Oil / Gas Purchaser: COFFEYVILLE RESOURCES			
New Operator's Name & Address: WINDER OIL COMPANY 21955 OTTOWA ROAD ERIE KS 66733	Contact Person: RICHARD WINDER Phone: 620-754-3344 Oil / Gas Purchaser: COFFEYVILLE RESOURCES Date: 4 - 11 - 17			
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New Operator's Name & Address: WINDER OIL COMPANY 21955 OTTOWA ROAD ERIE KS 66733 Title: OWNER Acknowledgment of Transfer: The above request for transfer of injection	Contact Person: RICHARD WINDER Phone: 620-754-3344 Oil / Gas Purchaser: COFFEYVILLE RESOURCES Date: 4-11-17 Signature: Richard W enth			
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Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 119707			5		
* Lease Name:	Richards		* Location:E	:rie S(u)/4	- 21	-28-20 E
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet from		Type of V (Oil/Gas/INJ		Well Status (PROD/TA'D/Abandoned)
1	15-133-24034	745 FSDFNL	4650 Circle	Oil	· · · · · · · · · · · · · · · · · · ·	Inactive
1	15-133-24140	945 FSUFNL	4980 FEDFWL	Oil	 	Inactive
2	15-133-24035-60-8	1500 FSDFNL	4530 FEDFWL	Injection	#	Inactive
		FSL/FNL	FEL/FWI			•
		FSL/FNL	FEL/FWL	1 - 1 - 1 - N	•	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	1 - 1		
		FSL/FNL	FEL/FWL	# OUT	of	Compliance
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
******		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		KANSAS	Received CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		APR 17 2017	
		FSL/FNL	FEL/FWL		CON	ISERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	A STATE OF THE STA	· · · · · · · · · · · · · · · · · · ·	
		FSL/FNL	FEL/FWL		,	
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
~~		FSL/FNL	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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cat	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)				
OPERATOR: License # 6403	Well Location:				
	SE_NW_SW_Sec. 21 Twp. 28 S. R. 20 X East West				
Name: WINDER OIL Address 1: 21955 OTTAWA RD	County: NEOSHO				
Address O	Lease Name: RICHARD B Well #:				
City: ERIE State: KS Zip: 66733 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of				
Contact Person: RICHARD WINDER	the lease below: $SW/4$ ———				
City: ERIE State: KS Zip: 66733 + Contact Person: RICHARD WINDER Phone: (620) 754-3344 Fax: ()	RICHARD 2 SW/4 SE-NW-SW SEC. 21 TWP 28S R20 E RICHARD 1 SW/4 NW-SW-SW SEC. 21 TWP 28S R20 E RICHARD 1 SW/4 NW-SW-SW SEC. 21 TWP 28S R20 E				
Email Address: Received KANSAS CORPORATION COMMISSION 2 2017					
Surface Owner Information: Name: GEORGE RICHARD Address 1: 604 East 4th Address 2: City: Erie State: KS Zip: 66733 +					
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on to Select one of the following:	patteries, pipelines, and electrical lines. The locations shown on the plat				
I certify that, pursuant to the Kansas Surface Owner Notice Act 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, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ing 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 owner 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	er(s). To mitigate the additional cost of the KCC performing this f 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 fe 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 the	ne best of my knowledge and belief.				
Date: 4-11-17 Signature of Operator or Agent: Ruchano	*				