

SCANNED

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

042017_Foltz_INJ.pdf

Form T-1

July 2014

Please print the Typed
Name 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,
MUST be submitted with this form.

Check Applicable Boxes:

☒ Oil Lease: No. of Oil Wells 3 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☒ Saltwater Disposal Well - Permit No.: D24478.0 ✓
Spot Location: 27858 feet from ☐ N / ☒ S Line
470 feet from ☒ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: _____
Entire Project: ☐ Yes ☐ No
Number of Injection Wells _____ **
Field Name: Peru-Sedan ✓

** Side Two Must Be Completed.

Effective Date of Transfer: 4-20-2017
KS Dept of Revenue Lease No.: 100351 ✓
Lease Name: Foltz ✓
Sec. 20 Twp. 33S R. 12 ☒ E ☐ W
Legal Description of Lease: That part of the E/2 of the NE/4
lying south of county road in 20-33S-12E ✓
County: Chautauqua ✓
Production Zone(s): Peru Sand
Injection Zone(s): Redd Sand ✓

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 8197 ✓
Past Operator's Name & Address: McCorkle, Frank R. & Kathleen A.
818 Road 21, Sedan, Kansas 67361-8566
Title: Owner

Contact Person: McCorkle, Frank R. & Kathleen A.
Phone: (713) 647-2403
Date: 4-20-2017
Signature: Frank R. McCorkle

KCC WICHITA

APR 26 2017

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New Operator's License No. 8490 ✓
New Operator's Name & Address: Keen, Dwight D. & Lenore M. dba Keen Oil Co.
#1 Tam-O-Shanter Ct., Winfield, KS 67156-6309
Title: Operator

Contact Person: Dwight D. Keen
Phone: (620) 221-6267
Oil / Gas Purchaser: Coffeyville Resources
Date: 4-20-2017
Signature: [Signature]

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # _____ has been 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.

Keen, Dwight D + Lenore M dba Keen Oil Co is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: D24.478 . Recommended action: None
Date: 4-28-17 Cheryl R. Bayes
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____
Date: _____

DISTRICT _____	EPR <u>4/28/17</u>	PRODUCTION _____	UIC <u>4-28-17</u>
Mail to: Past Operator <u>4-28-17</u>	New Operator <u>4-28-17</u>	District <u>3</u>	<u>4-28-17</u>

* Location: 20-33S-12E

KCC WICHITA
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* 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.

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Form KSONA-1

July 2014

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**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 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 8490
Name: Keen, Dwight D. & Lenore M. dba Keen Oil Co.
Address 1: #1 Tam-O-Shanter Ct.
Address 2: _____
City: Winfield State: KS Zip: 67156 + 6309
Contact Person: Dwight D. Keen
Phone: (620) 221-6267 Fax: (_____) _____
Email Address: dlkeen@cox.net

Well Location:
_____ Sec. 20 Twp. 30 S. R. 12 ☒ East ☐ West
County: Chautauqua
Lease Name: Foltz Well #: see T1 side two

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

That part of the E/2 of the NE/4 lying south of county road in 20-33S-12E

Surface Owner Information:

Name: Stanford Troyer
Address 1: 495 N Main
Address 2: _____
City: Haviland State: KS Zip: 67059 + _____

**KCC WICHITA
APR 26 2017
RECEIVED**

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 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on 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 Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this 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 I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 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 and belief.

Date: 4-20-2017 Signature of Operator or Agent: _____ Title: Operator