

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 _____ **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ Gas Gathering System: _____
- ☐ Saltwater Disposal Well - Permit No.: _____
- Spot Location: _____ feet from ☐ N / ☐ S Line
_____ feet from ☐ E / ☐ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: _____

**** Side Two Must Be Completed.**

Effective Date of Transfer: _____

KS Dept of Revenue Lease No.: _____

Lease Name: _____

_____ Sec. _____ Twp. _____ R. _____ ☐ E ☐ W

Legal Description of Lease: _____

County: _____

Production Zone(s): _____

Injection Zone(s): _____

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

_____ feet from ☐ N / ☐ S Line of Section

_____ feet from ☐ E / ☐ W Line of Section

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

Past Operator's License No. _____

Contact Person: _____

Past Operator's Name & Address: _____

Phone: _____

Title: _____

Date: _____

Signature: _____

New Operator's License No. _____

Contact Person: _____

New Operator's Name & Address: _____

Phone: _____

Title: _____

Oil / Gas Purchaser: _____

Date: _____

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.

_____ is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: _____ . Recommended action: _____

Date: _____
Authorized Signature

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

Date: _____
Authorized Signature

DISTRICT _____ EPR _____ PRODUCTION _____ UIC _____



1357526

* Lease Name: _____ * Location: _____

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.

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

OPERATOR: License # 33168

Name: Woolsey Operating Company, LLC

Address 1: 125 N. Market St

Address 2: Suite 1000

City: Wichita State: KS Zip: 67202 + 1729

Contact Person: Dean Pattison

Phone: (316) 267-4379 Fax: (316) 267-4383

Email Address: woolsey@woolseyco.com

Well Location:

- - - SE Sec. 12 Twp. 32 S. R. 12 ☐ East ☒ West

County: Barber

Lease Name: RIDER UNIT Well #: 1

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

Surface Owner Information:

Name: Arrowhead West Inc

Address 1: PO Box 1417

Address 2:

City: Dodge City State: KS Zip: 67801 + - - - -

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.

8/4/17

Date: Signature of Operator or Agent:

Title:

Exploration & Production Mgr



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Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☐ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Well Location:

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ ☐ East ☐ West

County: _____

Lease Name: _____ Well #: _____

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

Surface Owner Information:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: _____ Signature of Operator or Agent: _____ Title: _____

Lease Name	Well #	Qtr Call	Sec	Twp	Rge	LEASE DESCRIPTION	SURFACE OWNER(S)	MAILING ADDRESS	CITY	ST	ZIP
RIDER UNIT	1	SW SW NW	12	32	12W	Township 32 South - Range 12 West Sec 12: Com 466.3 ft E SW/c SW/4NW/4, E 308.7', N 330', W 308.7', S 330' to POB, except HWY ROW; Com SW/c SW/4NW/4, E 466.3', N 330', W 466.1', S 330', to POB, less state portion; Com NW/c SW/4NW/4, S on Sec line between Sec 11 & 12, 40 rods, due E 32 rods, N 40 rods, W 32 rods to POB, less ROW; N/2 tract Com SW/c NW/4, E on 1/2 sec line 310', N to point on N line S/2SW/4NW/4, 310' E of W line, W 310' to Sec line, S along Sec line to POB; The N/2 of tract com at point 310' E of SW/c NW/4, E 465' to W line of Simmons Add & Fowler's Add of Medicine Lodge; N along line 660' to S line of Lake's 1st Add of Medicine Lodge, W along S line 465' to point 310' E of W line, S 660' to POB. Also ROW 30' wide extending from 1st described land on 1/2 sec line of sec 12 to Fowler Ave, a public st; Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17 & 18 on Lincoln Ave in Lake's Add & Lots 12, 14, 16, 18, 20 & 22 on Cleveland Ave. in Simmons Add all in Medicine Lodge, less RR ROW; Com at point 50' E & 329.15' N of W 1/4 Corner, thence N 100', E 185', S 100', W 185' to POB; Com point 39.1' N & 55.2' E of SW/c NW/4, northerly along E ROW U.S. HWY 281, 25' to point 50' E of W line 1/4 Sec, N 265.05', E 185', S 22°, 26' W, 314', Westerly along N ROW U.S. HWY 160, 60.5' m/l to the POB; A tract of land Com point 429.15' N & 50' E of SW/c NW/4, N 100', E 185', S 100', W 185' to POB.	Michael G. & Shari L. Jacobs Inter Vivos Trust	412 W Fowler Ave.	Medicine Lodge	KS	67104
							Arrowhead West, Inc.	P.O. Box 1417	Dodge City	KS	67801
							Carrie-Lee Trust	312 1/2 W Fremont Ave.	Medicine Lodge	KS	67104
							Richard C. Kelly	3620 Anthony Way	Paso Robles	CA	93446
							America's Drive-In Restaurants, LLC	300 Johnny Bench	Oklahoma City	OK	73104
							Casey's Retail Company	P.O. Box 3001	Ankeny	IA	50021

See T1/KSONA form on BARTHOLOW A lease for signed Assignment.