

Must Be Filed For All Wells

KDOR Lease No. 111828

Lease Name: Wilcox

Location: NW / 4 15-34-6W

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)

4

15-077-20481-00-003960

Circle
FSL/FNL

4950

Circle
FEL/FWL

O / G

PROD

~~5~~~~15-077-20504-00-014865~~~~Circle
FSL/FNL~~~~4643~~~~Circle
FEL/FWL~~~~INJ~~~~Inactive~~

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

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FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

FSL/FNL

FEL/FWL

No injection
wells allowed
on personal use
licenses. Do not
process for the
Wilcox #5.

LEGAL
DEPT
(JON MYERS)

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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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)

35391
OPERATOR: License # _____
Name: Carole N Wilcox
Address 1: 462 SE 40 Ave
Address 2: _____
City: Anthony State: KS Zip: 67003
Contact Person: Carole N Wilcox
Phone: (620) 842-3367 Fax: (_____) _____
Email Address: Wilcoxch@kanokla.net

Well Location: _____
_____ Sec. 15 Twp. 34 S. R. 6 ☐ East ☒ West
County: Harper
Lease Name: Wilcox Well #: 5

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

NW / 4 15 - 34 - 6W

Surface Owner Information:

Name: Carole N Wilcox
Address 1: 462 SE 40 Ave
Address 2: _____
City: Anthony State: KS Zip: 67003

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: 10-9-16 Signature of Operator or Agent: Carole N. Wilcox Title: Operator

KCC WICHITA

NOV 01 2016

RECEIVED

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Jay Scott Emler, Chairman
Shari Feist Albrecht, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

December 2, 2016

New Western Operating, LLC
1140 Spectrum
Irvine, CA 92618

Re: Packett and Farwell Transfers

The enclosed transfer of operator forms (T-1) you have submitted are incomplete and the requested information must be provided according to K.A.R. 82-3-136. **The following information must be provided:**

1. Please complete **all highlighted** areas on the enclosed, original, transfer of operator form.
2. The new operator for the leases has an expired Kansas operator's license. The leases cannot be transferred to this party until a valid operator's license has been acquired.

Conservation division forms are available through our office and on the KCC web site:
www.kcc.ks.gov/conservation/forms/

The form cannot be processed and recorded until all requested information is provided, and the ORIGINAL T-1 FORM is returned along with a copy of this letter to the Kansas Corporation Commission. The transfer of operator form is considered unfiled until it is returned completed as requested. Please return the original documents with original signatures **within 14 days** of receipt of this request. Your cooperation in this matter is deeply appreciated. Should you have any questions or concerns please feel free to call Olivia Raigosa (316) 337-6203.