### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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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, MUST be submitted with this form. Check Applicable Boxes: Effective Date of Transfer: Oil Lease: No. of Oil Wells KS Dept of Revenue Lease No.: \_ Gas Lease: No. of Gas Wells Gas Gathering System: Lease Name: Sec. 8 Twp. 26 R. 19 XE W Saltwater Disposal Well - Permit No.: Legal Description of Lease: 5E4 of 8 26-19E feet from N / Spot Location: E/ feet from Enhanced Recovery Project Permit No.: Received

KANSAS CORPORATION COMMISSION en Entire Project: Yes No County: Number of Injection Wells Production Zone(s): CONSERVATION DIVISION Injection Zone(s): Field Name: -\*\* Side Two Must Be Completed. N / S Line of Section Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) W Line of Section feet from Workover Haul-Off Settling Burn Emergency Type of Pit: KCC WICHITA Past Operator's License No. 34525 Exp OCT 04 2017 Phone: Past Operator's Name & Address: TontoL RECEIVED Date: Buena Terra WAY Signature: New Operator's License No. New Operator's Name & Address: 200 (CGO) Signature: has been Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_ 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 is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: \_ . Recommended action: Authorized Signature Authorized Signature DISTRICT

Mail to: Past Operator \_

#### Must Be Filed For All Wells

KDOR Lease	No.:	1150090 KR		1 -	
* Lease Name:	BeeMAN		* Location:	E/4 of Sec	8-26-19E
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro	Section Line	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1_(3)	15-001-24287-00	165 FSDFNL	825 Circle	- OiL	Prod
2(38)	15-001-27893	-00.00 825 (FSIVFNL	495 FEL/FWL	01	115009
3(39)	15-201-27897.0	0 -00 825. FSL) FNL	165 FEDFWL	00	Tr.
4(48)	15.001-27785	00-00 1155 FSL/FNL	165 (FELFWL	01	Fr. 11500
5(5)	15-001-24289-	00.00 495 (FSL) FNL	[55 FEDFWL	Di I	tr.
6 (58)	15-001-27786-	00-00 1485 SLIFNL	165 FEL/FWL	0,1	Pr. 11500°
7 (7)	15-001-25698-	00-00 430 FSLFNL	330 FED FWL	01	0 11500
8 (8)	15-001-25699	-20-10 1260 ESP/FNL	330 FELFWL	O(	Pr- 11500
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		OCT 0 4 2017
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
Name of the last o		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL	CONSE	RVATION DIVISION WICHIT <del>A,</del> KS
		FSL/FNI	FEL/FWL		
		FSL/FNI	LFEL/FWL		
		FSL/FN	LFEL/FWL		
	\$ ,,	FSL/FN	LFEL/FWL		

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

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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 # 35488  Name: Micro Oil LLC  Address 1: 107218Thorn for Rd  Address 2: City: asa grande State: AZ zip: 85193 ÷  Contact Person: RL Anderson  Phone: (520)509-9579 Fax: ( )  Email Address: Received KANSAS CORPORATION COMMISSION  Surface Owner Information:  Name: Keith Beeman CONSERVATION DIVISION WICHITA, KS  Address 1: 430 1220072 Str.  Address 2: Address 2: Address 2: Address 3: 430 1220072 Str.						
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 fer form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	e with this form. If the fee is not received with this form, the KSONA-1 will be returned.					
I hereby certify that the statements made herein are true and correct of Date: 9.29-17 Signature of Operator or Agent:	Title: Managing Menber					