

**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 12 **
☐ 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.: E27082
Entire Project: ☒ Yes ☐ No
Number of Injection Wells 2 **

Field Name: Norwood**** Side Two Must Be Completed.**

Effective Date of Transfer: 10-1-17
KS Dept of Revenue Lease No.: 117982 ✓KR
Lease Name: Russell Leach
_____ - _____ - SW Sec. 21 Twp. 15 R. 20 ☒ E ☐ W
Legal Description of Lease: SW 1/4 of the Sec 21 Twp 15
Rge. 20 E
County: Franklin
Production Zone(s): Squirrel
Injection Zone(s): Squirrel

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. 34942 Exp 7/30/15
Past Operator's Name & Address: Magnum Exp. Kansas LLC
2712 Willow Creek Court Bedford, Tx 76021
Title: operator

Contact Person: James Roberts
Phone: 817-881-9040 KCC WICHITA
Date: 9-1-17 OCT 16 2017
Signature: [Signature] RECEIVED

New Operator's License No. 38803 ✓
New Operator's Name & Address: MIDSTREAM ENERGY
OPERATING, LLC 5571 HALIFAX AVE.
Box 1448, Ft 33912
Title: operator

Contact Person: Roxanne E. Igoe
Phone: 239-454-4999
Oil / Gas Purchaser: Costanza Resource
Date: 9/26/17
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.

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

Date: _____
**Authorization Revoked
Need Applications**
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 10/19/17 PRODUCTION OCT 20 2017 UIC 10-20-17
Mail to: Past Operator _____ New Operator _____ District _____

* Location: SW 1/4 of Sec. 21 Twp 15.5 R. 20 E

* Revoked Authorization
of Permit on 3-9-16
Per Legal - Need
Applications for New
Permit

* 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
January 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)

OPERATOR: License # 34942
Name: Magnum Exp. Kansas LLC
Address 1: 2712 Willow Creek Court
Address 2: _____
City: Bedford State: TX Zip: 76021 + _____
Contact Person: James Roberts
Phone: 817) 881-9040 Fax: (_____) _____
Email Address: _____

Well Location: _____
_____ Sec. 21 Twp. 15 S. R. 20 ☒ East ☐ West
County: Franklin
Lease Name: Russell Leach Well #: AN

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

KCC WICHITA
OCT 16 2017
RECEIVED

SW 1/4 of Sec. 21 Twp. 15 S Rge 20 E

Surface Owner Information:

Name: Gene & Barbara Leach
Address 1: 4785 Nevada Rd
Address 2: _____
City: Baldwin City State: KS Zip: 66006 + _____

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: 9-1-14 Signature of Operator or Agent: [Signature] Title: Operator