

Kansas Corporation Commission Oil & Gas Conservation Division AUG 0 2 2010

RECEIVED

Form T-1 April 2004

KCC WICHIFFIRM must be Typed
All blanks must be Filled

# TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Check Applicable Boxes:	1	
✓ Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 2-1-10  KS Dept of Revenue Lease No.: 101592  Lease Name: Moyle	
Gas Lease: No. of Gas Wells**		
Gas Gathering System:		
Saltwater Disposal Well - Permit No.:	SW Sec. 35 Twp. 27 R. 4 VE W	
Spot Location: feet from N / S Line	1	
feet from E / W Line	Legal Description of Lease: SW/4	
Enhanced Recovery Project Permit No.:		
Entire Project: Yes No	County: Butler	
Number of Injection Wells**	Production Zone(s): Kansas City	
Field Name: Augusta South		
** Side Two Must Be Completed.	Injection Zone(s):	
Surface Pit Permit No.: P-00168	1320 feet fromN / 🗸 S Line of Section	
(API No. if Drill Pit, WO or Haul)	3190 feet from ✓E / W Line of Section	
Type of Pit: ✓ Emergency Burn Settling	Haul-Off Workover Drilling	
Past Operator's License No. 4419	Contact Person: Dick Schremmer	
	Phone:	
Past Operator's Name & Address: Bear Petroleum, Inc.	Date: 31610	
P.O. Box 438, Haysville, KS 67060	Date: 1010	
Title: President	Signature:	
New Operator's License No.	Contact Person: Benjamin M. Giles	
New Operator's Name & Address: Benjamin M. Gles	Phone: 36-265-1992.	
S32 S. Market St.		
	Oil / Gas Purchaser: MaclasKey	
Wichida, KS 67202	Date: 3-167(0)	
Title:	Signature: Syllin FM, Accor	
	n authorization surface pit permit # P-00168 has been	
Acknowledgment of Transfer: The above request for transfer of injection	n admonzation, surface pit permit #	
·	oration Commission. This acknowledgment of transfer pertains to Kansas	
Corporation Commission records only and does not convey any ownersh	ip interest in the above injection well(s) or pit permit.	
is acknowleged as the	Benjamin M. Liles is acknowledged as the	
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pit	
Permit No.: Recommended action:	permitted by No.: POULS.	
Date:	Date: 12/9/10 Dlivia Raigosa	
Authorized Signature	Authorized Signature (C Kata	
DISTRICTEPR/2/9/10	PRODUCTION 2-15-10 UIC 12-10-10	
Mail to: Past Operator New Operator	District	

RECEIVED

AUG 0 9 2010

RECEIVED

AUG 0 2 2010

KCC WICHITA

KCC WICHITA

Must Be Filed For All Wells KDOR Lease No.: 101592

* Lease Name:	Moyle	* Location: SW/4 Sec 35-27-4E		
Well No.	API No. (YR DRLD/PRE '67)	(i.e. FSL = Feet from South Line) (Oil/	pe of Well Status Gas/łNJ/WSW) (PROD/TA'D/Abandoned)	
1A	15-015-19150-00-01	1011 Circle 3402 +C7PS Luc per Circle Gircle Oil FSI/FNL 3630 FEI/FWL Oil	Dist. 2TA	
3	<u>15-015-19151⊬</u>	1320 FSI/FNL 3930 FEI/FWL OII	TA	
5	15-015-19152	2310 FSI/FNL 3300 FEI/FWL Oil	TA	
8	15-015-20531	2310 FSI/FNL 3630 FELFWL OII	Active	
	·	FSL/FNLFEL/FWL		
	4.44	FSL/FNLFEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNLFEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNLFEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNLFEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNLFEL/FWL		
		FSL/FNLFEL/FWL		
	·	FSL/FNLFEL/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.

## RECEIVED

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

AUG 0 9 2010

Form KSONA-1

July 2010 Form Must Be Typed

## CERTIFICATION OF COMPLIANCE WITH THE WICH AND SIGNED TO SIGNED TO SIGNED 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 # 4419	Well Location:	
Name: Bear Petroleum, Inc.		
Address 1: P.O. Box 438	County: Butler	
Address 2:	Lease Name: Moyle Well #:	
City: Haysville State: KS Zip: 67060 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  SW/4	
Contact Person: Dick Schremmer		
City: Haysville State: KS Zip: 67060 + Contact Person: Dick Schremmer  Phone: ( 316 ) 524-1225 Fax: ( 316 ) 524-1027		
Email Address:		
Surface Owner Information: Name: Elbert & Donna Chappell		
Address 1: 6721 SW 120th	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	
Address 2:	county, and in the real estate property tax records of the county treasurer.	
City: Augusta State: KS Zip: 67010 +		
the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered.  Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface elocated: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form CB-1, Form CB-1, Form T-1, or Form n 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,		
I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 handling.	acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ng fee, payable to the KCC, which is enclosed with this form.	
If choosing the second option, submit payment of the \$30.00 handlir form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-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: 8/6/10 Signature of Operator or Agent:	Title: President	