Kansas Corporation Commission Oil & Gas Conservation Division

Form T-1
March 2010
Form must be Typed
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,

Check Applicable Boxes:	be submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 3/1/2013
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:
Gas Gathering System:	l i
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S L	
feet from E / W L	ine Legal Description of Lease: SE
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Greeley
Number of Injection Wells **	Production Zone(s): Winfield
Field Name:	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet from
Type of Pit: Emergency Burn Settling	
Past Operator's License No. 6471	Contact Person: R. C. Banks
Past Operator's Name & Address: R. C. Banks	Phone: (432) 682-8296
P. O. Box 242 Midland, TX 79701	Date: 5/28/13
Title: President	Daile.
Title: 1 testuent	Signature: / Sumar
New Operator's License No	Contact Person: S. L. Burns RECEIVED KANSAS CORPORATION COMMISSION
New Operator's Name & Address: Horseshoe Operating, Inc.	Phone: (432) 683-1448
110 W. Louisiana, Ste. 200	Oil / Gas Purchaser: DCP Midstream
Midland, TX 79701	Date: 5/28/13 CONSERVATION DIVISION WICHITA, KS
Title: Vice President	Signature: Skipps 2 Buss
Acknowledgment of Transfer: The above request for transfer of	f injection authorization, surface pit permit # has been
noted, approved and duly recorded in the records of the Kansas Co	orporation Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership inter	rest in the above injection well(s) or pit permit.
is acknowled	dged as is acknowledged as
the new operator and may continue to inject fluids as author	rized by the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
Date:	Date:
Authorized Signature	/ Authorized Signature
1 / /:	PRODUCTION 6./8./3 UIC 6-18-13 lew Operator District
1	

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 209103				
* Lease Name:	Woods	* Location: SE Sec 4-17S-40W			
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)
	15-071-20219	1980 Circle	330 Circle	Gas	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/F W L		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/F W L		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		=======	FEL/FWL		
		FSL/FNL			
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED COMMISSION
		FSL/FNL	FEL/FWL	KANSA	SCORPORATION
		FSL/FNL	FEL/FWL		MAY 3 0 2013
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
		FSL/FNL	FEL/FWL		

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

Form KSONA-1
July 2010
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.

PERATOR: License # 04894 lame: Horseshoe Operating, Inc. ddress 1: 110 W. Louisiana, Ste. 200	Well Location:
	SE Sec. 4 Twp. 17S S. R. 40 East 🗷 West
	County: Greeley
ddress 2:	Lease Name: Woods Well #: 1
ity: Midland State: TX Zip: 79701 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person: Janice Ripley	the lease below:
Phone: (432) 683-1448 Fax: (432) 686-9449	_
mail Address: jripley@horseshoeinc.com	_
Surface Owner Information:	
lame: SEE ATTACHED	When filing a Form T-1 involving multiple surface owners, attach an additional
uddress 1:	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
ddress 2:	the state of the s
City:	
Select one of the following:	ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
	the Act (House Bill 2032), I have provided the following to the surface the located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form
owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, far	
 CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, far. I have not provided this information to the surface owner(s). KCC will be required to send this information to the surface. 	
CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, far. 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 hand	x, and email address. I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this lling fee, payable to the KCC, which is enclosed with this form. Iling fee with this form. If the fee is not received with this form, the KSONA-1
CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, far. 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 hands for choosing the second option, submit payment of the \$30.00 hands.	x, and email address. I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this lling fee, payable to the KCC, which is enclosed with this form. Iling fee with this form. If the fee is not received with this form, the KSONA-1 CP-1 will be returned.

CONSERVATION DIVISION WICHITA, KS

WOODS LEASE SURFACE OWNERS:

Sherrilyn I. Coakes Living Trust 26465 N. Paso Trail Scottsdale, AZ 85255

Amy E. Budde 1423 SE 36th Newton, KS 67114

Carol Sue Shull 825 East K Ogallala, NE 69153

GTD Land Company LLP 12122 W. Atlantic Drive Lakewood, CO 80228

Jason D. Penner 6301 N. Oliver Rd. Walton, KS 67151

Jo Ann Lobmeyer 1025 Road 5 Tribune, KS 67879

Joyce K. Hageman 5855 Robledo Road Las Cruces, NM 88012

Ken & Connie Shafer P. O. Box 24 Tribune, KS 67879

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 3 0 2013

CONSERVATION DIVISION WICHITA, KS