## 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,
MUST be submitted with this form.

Check Applicable Boxes:	led with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 5-1-2013
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 112655
Gas Gathering System:	Lease Name: Davison
Saltwater Disposal Well - Permit No.:	<u>W2 _ Sw4 Sec. 25 Twp. 34S R. 11</u>
Spot Location: feet from N / S Line	Legal Description of Lease: W2 SW4 Sec 25-34S-11E,
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Chautauqua
Number of Injection Wells **	Production Zone(s): Wayside
Field Name: Peru-Sedan	Injection Zone(s):
"Side Two Must Be Completed.	II JOSUAN ZOTO(3).
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover DP Drilling
Past Operator's License No. 32255 /	Contact Person: Matt Jones
Past Operator's Name & Address: Kansas Energy Company, LLC	Phone: 620-725-3636
P.O. Box 68 Sedan, KS 67361	Date: 5- 29-13
Title: Member Agent	Signature: RECEIVED
	KANSAS CORPORATION COMMISSION
New Operator's License No. 31302 /	Contact Person: P.J. Buck
New Operator's Name & Address:	Phone: 620-725-3636
P.O. Box 68 Sedan, KS 67361	Oil / Gas Purchaser: Coffeyville Resources WICHITA, KS
	Date: 5-29-13 A
Title. Member	Signature:
Title:	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	is acknowledged as
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
<u> </u>	
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR Q/3///3  Mail to: Past Operator New Operat	PRODUCTION 7.1.13 UIC 7-(-13
	or District

112655

#### Must Be Filed For All Wells

	e No.:112655 :Davison		* Location:	V/2 SW/4 Sec 25-34S-	11E
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet from	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	15-019-20054-00-00	300 Circle	4320 FEL FWL	Oil	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		* (
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED CORPORATION COMMISSION
		FSL/FNL	FEL/FWL	MINONS	MAY 3 0 2013
		FSL/FNL	FEL/FWL		ONSERVATION DIVISION
		FSL/FNL	FEL/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

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

CONSERVATION DIVISION WICHITA, KO

### **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.

21202			
OPERATOR: License # 31302	Well Location:		
Name: Jones & Buck Development, LLC			
Address 1: P.O. Box 68	County: Chautauqua  Lease Name: Davison Well #:		
Address 2:			
City: Sedan State: KS Zip: 07301 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: P.J. Buck Phone: ( 620 ) 725-3636 Fax: ( )	W2 SW4 Sec 25-34S-11E		
Phone: ( 620 ) 723-3030 Fax: ( )	<del></del>		
Email Address: jonesbuck103@yahoo.com			
Surface Owner Information:			
Name: Michael Cigainero  When filing a Form T-1 involving multiple surface owners, a sheet listing all of the information to the left for each surface owner information can be found in the records of the register owner information can be found in the records of the register.			
Address 1: 124 Kalisas Ave	<ul> <li>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.</li> </ul>		
Address 2:			
City: Chandle State: X3 Zip: 00720 +	<del></del>		
owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the f form; and 3) my operator name, address, phone number, f  I have not provided this information to the surface owner(s KCC will be required to send this information to the surface.	tice Act (House Bill 2032), I have provided the following to the surface to be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.  (a) I acknowledge that, because I have not provided this information, the coe owner(s). To mitigate the additional cost of the KCC performing this adding fee, payable to the KCC, which is enclosed with this form.		
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