

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:

- ☒ Oil Lease: No. of Oil Wells 2 **
- ☐ 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.: -
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells 0 **

Field Name: NURSE**** Side Two Must Be Completed.**Effective Date of Transfer: 06/01/2013KS Dept of Revenue Lease No.: 132159Lease Name: KIMBALL- - - - - SW Sec. 25 Twp. 31S R. 13 ☐ E ☒ WLegal Description of Lease: E/2 SE/4 except 7.3 acres & W2 SE/4 & SE/4 SW/4less RR ROW Sec 25; & E/2 NE/4 Sec. 35; & NW/4 & NW/4 SW/4 Sec 36County: BARBERProduction Zone(s): MISSISSIPPIInjection Zone(s): NONESurface Pit Permit No.: NONE

(API No. if Drill Pit, WO or Haul)

- feet from ☐ N / ☐ S Line of Section- feet from ☐ E / ☐ W Line of SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OK ☐ DrillingPast Operator's License No. 34320Past Operator's Name & Address: LASSO ENERGY LLCPO BOX 465 - 1125 SOUTH MAIN CHASE, KS 67524Title: PRESIDENTContact Person: ALISHA GRAHAMPhone: (620) 259-4000Date: 6/7/13Signature: Alisha Graham**KCC WICHITA**New Operator's License No. 34886New Operator's Name & Address: TOTO ENERGY, LLC25815 OAK RIDGE DRIVESPRING, TEXAS 77380Title: COOContact Person: TODD BLACKFORDPhone: 713-304-2369 / 713-623-2183Oil / Gas Purchaser: NCRADate: 6/11/13Signature: Todd Blackford**RECEIVED**

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # NONE 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:

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 6/19/13 PRODUCTION 6-20-13 UIC 6-20-13Mail to: Past Operator New Operator District

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Lease Name: KIMBALL

* Location: 25. 35, 36 - T31S-R13W

KCC WICHITA
JUN 11 2013
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* 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
July 2010
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 # 34320
Name: LASO ENERGY LLC
Address 1: PO BOX 465
Address 2: 1125 SOUTH MAIN
City: CHASE State: KS Zip: 67524 + 0465
Contact Person: LESLIE ROEDERER
Phone: (620) 259-4000 Fax: (620) 259-4001
Email Address: owners@lassoenergy.com

Well Location:
- - - - - Sec. 25 Twp. 31 S. R. 13 ☐ East ☒ West
County: BARBER
Lease Name: KIMBALL Well #: #1-A, #1-B

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

SECTION 25: E/2 SE/4 EXCEPT 7.3 ACRES NORTH OF
R.R. ROW & W/2 SE/4 AND SE/4 SW/4 LESS R.R. ROW.
SECTION 35: E2 NE/4. SECTION 36: NW/4 & NW/4
SW/4

Surface Owner Information:

Name: Josephine E. Kimball
Address 1: 3002 NW Mingona Rd.
Address 2: _____
City: Medicine Lodge State: KS Zip: 67104 + 8019

When filling 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 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: 6/7/13 Signature of Operator or Agent: Alexi Neal Title: PRESIDENT

KCC WICHITA

JUN 11 2013

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