120113 - Fank hauser_Trust-E.pdf KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

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:	iga with tins form.			
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: December 1, 2013			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:			
Gas Gathering System:	Lease Name: FANKHAUSER TRUST E			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line	<u>NE NE SE_Sec32_Twp19S_R7</u> EW			
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	S/2 SEC 32-19S-7E			
Entire Project: Yes No	County: CHASE			
Number of Injection Wells **	Production Zone(s):			
Field Name:	Injection Zone(s):			
** Side Two Must Be Completed.	nijection zone(s).			
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 Of Drilling			
Past Operator's License No. 5399	Contact Person: ALAN DEGOOD			
	Phone: 316-263-5785			
Past Operator's Name & Address: TREK AEC, LLC	Phone: 416 266 6766			
155 N. MARKET, SUITE 710, WICHITA, KS 67202	Date:			
Title: VICE PRESIDENT	Signature: Ukun k thillood			
New Operator's License No. 33948	Contact Person: MICHAEL SIGEL			
New Operator's Name & Address: C & J Production LLC	Phone: 620-382-4084			
#4 FAIRWAY, Marion, KS 66861 KANSAS CORPORATION COMMISSION	Oil / Gas Purchaser: _AMERICAN ENERGIES PIPELINE, LLC			
JAN 1 3 2014	Date: 1-10-2014			
	' - \ //			
Title: PARTNER CONSERVATION DIVISION WICHITA, KS	Signature:			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been			
noted, approved and duty 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.:			
Date:	Date:			
Authorized Signature	Authorized Signature			
/ / /	PRODUCTION 1. 16.14 UIC 176-14			
Mail to: Past Operator New Operato	or District			



Must Be Filed For All Wells

* Lease Name:	FANKHAUSER TRUST E		* Location:S	SE NE SEC 32-19S-7E,	CHASE CO., KS
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)
1	115-017-20843 /	2310 S Circle FSL/FNL	330 E Circle FEL/FWL	GAS	PROD
		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/FWL		
	· j	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
				,	
			FEL/FWL		-
			FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

_FSL/FNL ___

^{*} 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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Cat	thodic Protection Borehole Intent)		
OPERATOR: License # 33948	Well Location:		
Name: C & J PRODUCTION, LLC	NESE_ Sec. 32 Twp. 19 S. R. 7 ★ East West		
Name: C & J PRODUCTION, LLC Address 1: #4 FAIRWAY	County: CHASE		
Address 2:	Lease Name: FANKHAUSER TRUST E Well #: 1		
City: MARION State: KS Zip: 66861 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
MICHAEL CICEL	the lane below		
Contact Person: MICHAEL SIGEL Phone: (620) 382-4084 Fax: () RECEIVED Email Address: CANSAS CORPORATION COMM	NOISSIN		
JAN 1 3 2014			
Surface Owner Information: Name: BETTY J FANKHAUSER LVG TR Address 1: C/O CAROL KOHR Address 2: RR1, BOX 31 City: ELMDALE State: KS Zip: 66850 +	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 the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on to Select one of the following:	atteries, pipelines, and electrical lines. The locations shown on the plat		
▼ I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loca CP-1 that I am filing in connection with this form; 2) if the form bei form; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Forming filed is a Form C-1 or Form CB-1, the plat(s) required by this		
☐ I have not provided this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling fe	er(s). To mitigate the additional cost of the KCC performing this		
If choosing the second option, submit payment of the \$30.00 handling fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v	e with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to the	e best of my knowledge and belief.		
Date: 1-10-2014 Signature of Operator or Agent: 92	Title: PARTNER		