KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form

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,
MIST he submitted with this form

Check Applicable Boxes:	iea with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: December 1, 2013
Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 232124
Gas Gathering System:	Lease Name: TALBOT
Saltwater Disposal Well - Permit No.:	E2 _ NW _ NW _ SE _Sec23 _ Twp23 _ R2 _
Spot Location: feet from N / S Line	
feet from L E / L W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	N/2 SE/4 SEC 23-T23S-R2W
Entire Project: Yes No	County: HARVEY
Number of Injection Wells **	Production Zone(s):Indian Cave
Field Name: Halstead South	Injection Zone(s):
** Side Two Must Be Completed.	injection zone(s):
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	feet from N / S Line of Section
(AFTING. II DIIII FII, PPO DI FIRAU)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling
Past Operator's License No. 5399 /	Contact Person: ALAN DEGOOD
Past Operator's Name & Address: TREK AEC, LLC	Phone: 316-263-5785
155 N. MARKET, SUITE 710, WICHITA, KS 67202	December 18, 2013
Title: VICE PRESIDENT	Date: (10, 129)
Title:	Signature:
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 DRIVE, MARION, KS 66861 KANSAS CORPORATION COMMISSION	
JAN 1 3 2014	Date: 1-10-2017
Title: PARTNER CONSERVATION DIVISION WICHITA, KS	Signature: 9113
Acknowledgment of Transfer: The above request for transfer of injection a	uthorization, surface pit permit #has been
noted, approved and duly recorded in the records of the Kansas Corporation C	commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the al	bove 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: / Authorized Signature; /	Date:
	RODUCTION 1.16.14 UIC 1-16-14
Mail to: Past Operator New Operator	District
<u> </u>	



Side Two

Must Be Filed For All Wells

Lease Name	TALBOT		* Location:E	2 NW NW SE SEC. 23	-T23S-R2W, HARVEY CO.
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)
1-23	15-079-20679	2310 Circle	2210 Circle FEL/FWL	Gas	Prod
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL	· · · · · · · · · · · · · · · · · · ·	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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	-	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 33948	Well Location:		
Name: C&J PRODUCTION, LLC	E2 NW_NW_SE Sec. 23 Twp. 23 S. R. 2 East X West		
Address 1: 4 FAIRWAY	County: HARVEY		
Address 2:	Lease Name: TALBOT Well #: 1-23		
City: MARION State: KS Zip: 66861 +			
MICHAEL SIGEL	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Phone: (620) 382-4084 Fax: () KANSAS CORPORATION	D		
JAN 1 3 2	014.		
Surface Owner Information: Name: HOWARD L. & PRISCILLA L. TALBOT CONSERVATION I WICHITA, K	DIVISION		
Address 1: 5500 N. ST CLAIR			
Address 2:	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.		
City: WICHTA State: KS Zip: 67204 +	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 the Select one of the following: 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 local CP-1 that I am filling in connection with this form; 2) if the form being form; and 3) my operator name, address, phone number, fax, and I have not provided this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling features.	atteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. (House Bill 2032), I have provided the following to the surface 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 email address. Inowledge that, because I have not provided this information, the exist. 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 w	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:	Title: PARTNER		