### 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 Effective Date of Transfer: \_ KS Dept of Revenue Lease No.: \_#1 222307, #2 222308 & #3 222309 Gas Lease: No. of Gas Wells Gas Gathering System: Lease Name: WADDLE (ROBERT FROST) Saltwater Disposal Well - Permit No.: \_ .<u>PTS - N/2 - SW4 Sec. 31 Twp. 17 R. 21</u> ✓ E W feet from N / S Line Spot Location: Legal Description of Lease: PART OF THE N/2 SW/4 of Sec. 31-T17-R21E feet from Enhanced Recovery Project Permit No.: KCC WICHITA County: Franklin Entire Project: Yes No JUN 20 2013 Number of Injection Wells **PERU** Production Zone(s): Field Name: Paola-Rantoul Injection Zone(s): RECEIVED \*\* Side Two Must Be Completed. 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 Settling Haul-Off 5150 🗸 **DENNIS KERSHNER** Past Operator's License No. Contact Person: Phone: 620-365-3111 COLT ENERGY, INC. Past Operator's Name & Address: P.O. BOX 388, IOLA, KS. 66749 Title: OFFICE MANAGER New Operator's License No. \_\_34786 / Contact Person: CHARLES D. FISHER New Operator's Name & Address: CHARLES D. FISHER Phone: 913-634-7584 1971 TEXAS ROAD Own personal use Oil / Gas Purchaser: RANTOUL, KANSAS 66079 Title: OWNER 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 \_ . Recommended action: permitted by No.: \_ Date: Authorized Signature Authorized Signature PRODUCTION . DISTRICT -Mail to: Past Operator District New Operator

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#### Must Be Filed For All Wells

1/D0D1 N	#1 222307	#2 222308	& #3 222309
KDOR Lease No.:	#1 ZZZ307,	#Z ZZZ300	G #3 222303

* Lease Name	se Name:WADDLE (ROBERT FROST)		* Location:F	* Location: PART OF THE N/2 SW/4 of Sec. 31-T17-R21E		
Well No.	API No. (YR DRLD/PRE '67)			Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1	15-059-24,454	2157 Circle	4484 Circle 933 FEL	GAS	INACTIVE	
2	15-059-24,455	23/6 2145 <sub>FSL</sub>	3800 - CPIII -	GAS	INACTIVE	
3	15-059-24,850	1650 FSL/FNC	3300 FELVENE	GAS	INACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL	- M		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
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-		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		KOO MICHITA	
		FSL/FNL	FEL/FWL		KCC WICHITA	
		FSL/FNL	FEL/FWL	MIN. 4. 14. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	JUN 2 0 2013	
		FSL/FNL	FEL/FWL		RECEIVED	

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

# 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.

OPERATOR: License # 5150  Name: COLT ENERGY, INC  Address 1: P O BOX 388			
Address 1: P O BOX 388	PTS_N2_SW_Sec. 31 Twp. 17 S. R. 21 🗵 East 🗆 West		
	County: FRANKLIN		
Address 0.	Lease Name: WADDLE (ROBERT FROST) Well #:		
City: IOLA State: KS Zip: 66749 + 0388	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: DENNIS KERSHNER	the lease below:		
City: IOLA State: KS Zip: 66749 + 0388 Contact Person: DENNIS KERSHNER  Phone: ( 620 ) 365-3111 Fax: ( 620 ) 365-3170	PTS N2 SW4		
Email Address:			
Surface Owner Information:			
Name: CHARLES D FISHER	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		
Name: CHARLES D FISHER  Address 1: 1971 TEXAS RD			
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: RANTOUL State: KS Zip: 66079			
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat in the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
☑ I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, and account of the contraction of the contraction with this form; 2) if the form becomes a contraction of the c	peated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
	cknowledge that, because I have not provided this information, the rner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 I will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 6-18-2013 Signature of Operator or Agent:	2 Totto PRODUCTION CLERK		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

RECEIVED

JUN 27 2013