



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 \_\_\_\_\_ \*\*
- 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 \_\_\_\_\_ \*\*

Field Name: \_\_\_\_\_

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: \_\_\_\_\_

KS Dept of Revenue Lease No.: \_\_\_\_\_

Lease Name: \_\_\_\_\_

\_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ R.  E  W

Legal Description of Lease: \_\_\_\_\_

County: \_\_\_\_\_

Production Zone(s): \_\_\_\_\_

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)

\_\_\_\_\_ feet from  N /  S Line of Section

\_\_\_\_\_ feet from  E /  W Line of Section

Type of Pit:  Emergency  Burn  Settling  Haul-Off  Workover  Drilling

Past Operator's License No. \_\_\_\_\_

Contact Person: \_\_\_\_\_

Past Operator's Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

New Operator's License No. \_\_\_\_\_

Contact Person: \_\_\_\_\_

New Operator's Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Oil / Gas Purchaser: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**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  
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 _____ | PRODUCTION _____ | UIC _____ |
|----------------|-----------|------------------|-----------|



**Must Be Filed For All Wells**

KDOR Lease No.: \_\_\_\_\_

\* Lease Name: \_\_\_\_\_ \* Location: \_\_\_\_\_

| Well No. | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |                          | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
|----------|------------------------------|--|--------------------------|-----------------------------------|--------------------------------------|
|          |                              | <i>Circle</i><br>FSL/FNL                                       | <i>Circle</i><br>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            | _____                             | _____                                |
| _____    | _____                        | _____ 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            | _____                             | _____                                |
| _____    | _____                        | _____ 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            | _____                             | _____                                |
| _____    | _____                        | _____ 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.



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### 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 (Cathodic Protection Borehole Intent)  T-1 (Transfer)  CP-1 (Plugging Application)

OPERATOR: License # \_\_\_\_\_  
Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. R. \_\_\_\_  East  West  
County: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

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

**Surface Owner Information:**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

*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 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 must provide the name and address of the surface owner by filling out the top section of this form and 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: \_\_\_\_\_ Signature of Operator or Agent: \_\_\_\_\_ Title: \_\_\_\_\_

STATE OF KANSAS }  
Chautauqua County } ss \$32.00  
This instrument was filed for  
record this 3 day of Oct.  
2017 at 11:40 o'clock AM and  
duly recorded in book 179  
of records on page 641

## ASSIGNMENT OF OIL AND GAS LEASE

*Rama C. Bees*  
REGISTER OF DEEDS

KNOW ALL PERSONS BY THESE PRESENTS:

That the undersigned, Speedy Well Service, LLC, a Kansas limited liability company ("ASSIGNOR") for Ten Dollars (\$10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, has and does hereby assign, transfer, sell and convey unto Jones Oil Exploration, LLC ("ASSIGNEE") all of ASSIGNOR'S right, title and interest in and to the following described oil and gas lease, to wit:

Lesser: Leon C. Hills, et ux  
Lessee: Kansas Energy Company, Inc.  
Date: February 27, 1988  
Recorded: Book 98 Records, page 536  
Property:

THE NORTHEAST QUARTER OF SECTION 28, TOWNSHIP  
34 SOUTH, RANGE 12, EAST OF THE 6<sup>TH</sup> P.M., EXCEPT A TRACT OF  
LAND DESCRIBED AS FOLLOWS: BEGINNING AT A POINT 242 FEET NORTH  
OF THE SOUTHWEST CORNER OF THE NORTHEAST QUARTER OF SAID  
SECTION 28, RUNNING THENCE EAST 485 FEET, THENCE NORTH 315 FEET,  
THENCE IN A NORTHWESTERLY DIRECTION 200 FEET, THENCE SOUTH 165  
FEET, THENCE WEST 296 FEET, THENCE SOUTH 187 FEET TO THE PLACE  
OF BEGINNING, SAID EXCEPTION CONTAINING 3 ACRES, MORE OR LESS,  
SAID LEASE CONTAINING 157 ACRES, MORE OR LESS,

together with the wells and equipment located thereon and used in connection therewith.

ASSIGNOR warrants the interest sold to be free and clear of any adverse liens, claims or encumbrances. ASSIGNEE shall assume all regulatory compliance obligations with respect to the lease and the wells located thereon.

This Assignment of Oil and Gas Lease is effective for all purposes as of  
10 o'clock a.m. on the 29 day of, September, 2017

EXECUTED this 29 day of September, 2017.

ASSIGNOR

Speedy Wells Service, LLC

By: Todd Miller  
Todd Miller, Manager

ACKNOWLEDGEMENT

STATE OF KANSAS )  
 ) SS:  
COUNTY OF CHAUTAUQUA )

BE IT REMEMBERED that on this 29 day of September, 2017, before me, a Notary Public, in and for the County and State aforesaid, came Todd Miller, Manager of Speedy Well Service, LLC, a Kansas limited liability company, and existing under and by virtue of the laws of the State, and who is personally known to me to be such officer and who is personally known to me to be the same person who executed, as such officer, the within instrument of writing on behalf of said company.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Joni Beeson  
NOTARY PUBLIC

My Appointment Expires:  
3-1-2020

