# KOLAR Document ID: 1470257

KANSAS CORPORATION COMMISSION
<b>OIL &amp; GAS CONSERVATION DIVISION</b>

		ATION COMMISSION ERVATION DIVISION Form must be Typed Form must be Signed				
Check Applicable Boxes:       MUST be submitted with this form.         Image: No. of Oil Wells	REQUEST FOR CHANGE OF OPERATOR All blanks must be Filled					
Chron Application Books: <ul> <li>Chron Application Books:</li> <li>Chron Application Books:</li> <li>Chron Application Books:</li> <li>Case Lease: No. of Case Wells</li></ul>	MUST be submit					
Gas Lesse: No. of Gas Weils						
Gas Gathering System:						
Sativater Disposal Well - Permit No:		KS Dept of Revenue Lease No.:				
Spot Location:      feet from N / S Line        feet from		Lease Name:				
Enhanced Recovery Project Permit No;	Spot Location: feet from N / S Line					
Entire Project:       Yes       No         Number of Injection Wells       **         Field Name:       **         ** Side Two Must Be Completed.       Injection Zone(s):         Surface Pit Permit No::						
Number of Injection Wells       **         Field Name:       **         ** Side Two Must Be Completed.       Production Zone(s):         Surface Pit Permit No:						
Field Name:       Injection Zone(s):         Injection Zone(s):       Injection Zone(s):         Surface Pit Permit No::		County:				
** Side Two Must Be Completed.         Surface Pit Permit No::       (API No. If Dill Pit, WO or Haul)	Number of Injection Wells **	Production Zone(s):				
** Side Two Must Be Completed.         Surface Pit Permit No::       (API No. if Dril Pit, WO or Haul)       feet from [P / ] W Line of Section         Type of Pit:       Emergency       Burn       Settling       Haul-Off       Workover       Drilling         Past Operator's License No.       Contact Person:       Phone:	Field Name:	Injection Zone(s):				
(API No. II Drill Pit, WO or Haul)      feet fromI / W Line of Section         Type of Pit:       Emergency       Burn       Settling       Haul-Off       Workover       Drilling         Past Operator's License No.	** Side Two Must Be Completed.					
Past Operator's License No.       Contact Person:         Past Operator's Name & Address:       Phone:						
Past Operator's Name & Address:       Phone:         Date:       Signature:         Title:       Signature:         New Operator's License No.       Contact Person:         New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Date:         Date:       Signature:         Oil / Gas Purchaser:       Date:         Date:       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.	Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling				
New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Oil / Gas Purchaser:         Date:       Date:         Title:       Signature:         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         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       the new operator of the above named lease containing the surface pit         Permit No:	Past Operator's Name & Address:	Phone:				
New Operator's Name & Address:       Phone:         Oil / Gas Purchaser:       Oil / Gas Purchaser:         Date:       Date:         Title:       Signature:         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         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       the new operator of the above named lease containing the surface pit         Permit No:	New Operator's License No	Contact Person:				
Oil / Gas Purchaser:       Oil / Gas Purchaser:         Date:       Date:         Title:       Signature:         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         Acknowledgment of Transfer:       The above request for transfer of injection authorization, surface pit permit #         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       It he new operator of the above named lease containing the surface pit         Permit No::		Phone:				
Date:	New Operator's Name & Address.					
Title:       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.		Oil / Gas Purchaser:				
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.		Date:				
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. 	Title:	Signature:				
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	noted, approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledgment of transfer pertains to Kansas Corporation				
Permit No.:	is acknowledged as	is acknowledged as				
Date: Date: Date: Authorized Signature	the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit				
Authorized Signature Authorized Signature	Permit No.: Recommended action:	permitted by No.:				
Authorized Signature Authorized Signature	Date:	Date:				
DISTRICT EPR PRODUCTION UIC	Authorized Signature					
	DISTRICT EPR	PRODUCTION UIC				

Side Two

### Must Be Filed For All Wells

* Lease Name:			* Location:		
Well No.	API No. (YR DRLD/PRE '67)	Footage from Secti (i.e. FSL = Feet from S		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
		<i>Circle</i> FSL/FNL	<i>Circle</i> 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.

## KOLAR Document ID: 1470257

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

# CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-
July 2014
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 #	Well Location:		
Name:			
Address 1:	County:		
Address 2:	Lease Name: Well #:		
City: State: Zip:+	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person:			
Phone: ( ) Fax: ( )			
Email Address:			
Surface Owner Information:			
Name:	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.		
Address 1:			
Address 2:			
City: State: Zip:+			

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: \_\_\_\_\_\_

Danny R Krankenberg 1702 Volga St Apt A Hays, KS 67601