

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1  
July 2014

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: \_\_\_\_\_

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

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

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.

\_\_\_\_\_ 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 \_\_\_\_\_

Side Two

**Must Be Filed For All Wells**

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

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

| Well No. | API No.<br>(YR DRDL/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                  | _____                             | _____                                |
| _____    | _____                        | 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 2014

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 (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: \_\_\_\_\_



**HIGH BLUFF OPERATING, LLC**

March 27, 2020

Jonelle Rains, Supervisor  
Program Specialist  
Kansas Corporation Commission  
266 North Main, Suite 220  
Wichita, Ks. 67205

Re: Change of Operator  
Amos #1  
Sec 30-T34-R24, Clark County, Kansas

Dear Ms. Rains:

We are in the process of dissolving High Bluff Operating LLC, and want to shift operations of our Clark County wells into JK Brown, Inc. (operator #32889).

The captioned well is currently operated by High Bluff Operating LLC (Operator # 33384).

This letter shall serve as notice, that High Bluff Operating LLC, consents to relinquishing operations of the Amos 1-30 well, and that JK Brown, Inc consents to accept operations.

Sincerely,

A handwritten signature in black ink, appearing to read 'J K Brown'.

James K. Brown  
Managing Member  
High Bluff Operating LLC

A handwritten signature in black ink, appearing to read 'J K Brown'.

James K. Brown  
President  
JK Brown, Inc

RECEIVED

AUG 28 2006

KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1

April 2004

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

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: McKinney

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

01-01-06

Effective Date of Transfer: 01-01-06

KS Dept of Revenue Lease No.: 2980-00 222675

Lease Name: Amos 1-30 **UB**

c E2 - nw4 - nw4 Sec. 30 Twp. 34S R. 24  E  W

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

Center of east half of NW/4 of the NW/4 of Sec. 30

County: Clark

Production Zone(s): Chestser

Injection Zone(s): none

010106 Amos 1-30

Surface Pit Permit No.: 15-025-21181  
(API No. if Drill Pit, WO or Haul)

660' feet from  N /  S Line of Section

990' feet from  E /  W Line of Section

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

Past Operator's License No. 32889

Contact Person: Mr. James K. Brown

Past Operator's Name & Address: J.K. Brown, Inc.

Phone: 303-295-2223

730 17th St., Ste. 520, Denver, CO 80202

Date: 8-16-2006

Title: President

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

New Operator's License No. 33384

Contact Person: Mr. James K. Brown

New Operator's Name & Address: High Bluff Operating, LLC

Phone: 303-295-2223

730 17th ST., Ste. 520, Denver, CO 80202

Oil / Gas Purchaser: Gas: Duke Energy

Date: 8/16/2006

Title: President

Signature: J K B

**Acknowledgment of Transfer:** The above request for transfer of injection authorization, surface pit permit # 15-025-21181 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: \_\_\_\_\_

High Bluff Oper, LLC is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: 15-025-211810000

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

Date: 9/18/06 Sam K. Kahan

Authorized Signature

Authorized Signature CC:KH

|                                       |                    |                               |                            |
|---------------------------------------|--------------------|-------------------------------|----------------------------|
| DISTRICT _____                        | EPR <u>9-11-06</u> | PRODUCTION <u>SEP 18 2006</u> | UIC <u>9-18-06</u>         |
| Mail to: Past Operator <u>9-19-06</u> | New Operator _____ | <u>9-19-06</u>                | District <u>E1 9-19-06</u> |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202