

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
April 2019
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: _____

Date: _____

Signature: _____

New Operator's License No. _____

Contact Person: _____

New Operator's Name & Address: _____

Phone: _____

New Operator's Email: _____

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

_____ is acknowledged as the new operator of the above named lease containing the surface pit

Permit No.: _____ . Recommended action: _____

permitted by No.: _____ .

Date: _____

Date: _____

Authorized Signature

Authorized Signature

DISTRICT _____ EPR _____ PRODUCTION _____ UIC _____

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: _____

EXHIBIT "A"
DESCRIPTIVE TRACTS IN PRATT COUNTY, KS

ALL IN SEC 30-29S-12W:

TRACT "A":

1 acre surrounding the brick house in the SW/4 Section 30 being purchased on contract by John Wolf and Shirley Wolf as of 5-25-74.

TRACT "B":

3.7 acres beginning 2661.8' east of the southwest corner of the northwest quarter (SW cor NW/4) and thence running West 530', thence South 300', thence East 537.6', thence Northerly 300' to place of beginning.

TRACT "C":

Part of the West Half of the Northwest Quarter (W/2 NW/4) beginning at a point 987.65' south of the intersection of the south line of the C.K. & W.R.R. Station grounds & the east line of Smith Street in the town of Sawyer, thence west 380' to the east line of Main street, thence south 545' to the south line of W/2 NW/4, thence east 380' along the south line of W/2 NW/4, thence North 545' to POB.

TRACT "D":

A tract beginning at the SW corner of the SE/4 NW/4, thence West 921', thence North 900', thence East 921', thence South 900' to POB,

TRACT "E":

Beginning at the intersection of the south line of the Station grounds of the C.K. & W.R.R. and the East line of Smith street in the town of Sawyer, thence South 632.85' to the North line of a certain tract deeded to Charles E. Flory in Book 57 at Page 459, thence East 865' to the East line of W/2 NW/4, thence North along East line 465' to South line of Station grounds, thence westerly 890' to POB, excepting lots 1 and 2 in Block 21 in the town of Sawyer.

KCC OIL/GAS REGULATORY OFFICES

Date: _____

District: _____

Case #: _____

New Situation

Lease Inspection

Response to Request

Complaint

Follow-Up

Field Report

Operator License No: _____

API Well Number: _____

Op Name: _____

Spot: _____ Sec _____ Twp _____ S Rng _____ E / W

Address 1: _____

_____ Feet from N / S Line of Section

Address 2: _____

_____ Feet from E / W Line of Section

City: _____

GPS: Lat: _____ Long: _____ Date: _____

State: _____ Zip Code: _____ -

Lease Name: _____ Well #: _____

Operator Phone #: _____

County: _____

Reason for Investigation:

Problem:

Persons Contacted:

Findings:

Action/Recommendations:

Follow Up Required

Yes

No

Date: _____

Verification Sources:

Photos Taken: _____

RBDMS	KGS	TA Program
T-I Database	District Files	Courthouse
Other: _____		

By: _____

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: _____

Date: _____

District: _____

License #: _____

Op Name: _____

Spot: _____ Sec _____ Twp _____ S Rng _____ E / W

County: _____

Lease Name: _____ Well #: _____

I.D. Sign	Yes	No
Tank Battery Condition		
Condition:	Good	Questionable Overflowing
Pits, Injection Site		
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.		
Oil Spill Evidence		
Abandoned Well	Potential Pollution Problem	Yes No
Lease Cleanliness		
Very Good	Satisfactory	Poor Very Bad

Gas Venting	Yes	No
Pits		
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.		
Saltwater Pipelines		
Leaks Visible:	Y N	Tested for Leaks: Y N
Flowing Holes		
TA Wells		
Monitoring Records		

SWD/ER Injection Well Yes No

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure – Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status