

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: \_\_\_\_\_

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

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.

\_\_\_\_\_ 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 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 |                                   |                                      |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |
| _____    | _____                        | _____  | _____                     | _____                             | _____                                |

*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 2021

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 (see Chapter 55 of the Kansas Statutes Annotated), 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, ELK COUNTY *W.V.*  
REGISTER OF DEEDS, STEPHANIE J. OLLENBORGER  
Book: MS75 Page: 427

Receipt #: 20055  
Pages Recorded: 3

Total Fees: \$55.00

BY: *Stephanie J. Ollenborger*  
*Lori L. Winacher, Deputy*

Date Recorded: 5/20/2024 9:23:00 AM

### ASSIGNMENT OF OIL AND GAS LEASE

KNOW ALL PERSONS BY THESE PRESENTS:

That the undersigned, Patteson Oil, a general partnership, Tom J. Patteson and Sharon L. Patteson, Trustees under the Tom J. Patteson and Sharon L. Patteson Living Trust, dated April 30, 2012, Tom J. Patteson, Sharon L. Patteson and Roger L. Patteson, as individuals ("Assignors") have and do hereby assign and transfer unto Thomas Wade Patteson ("Assignee") all of the Assignors' right, title and interest in and to the following described oil and gas lease, to wit:

Phillip Walker Lease:

LESSOR: Phillip Walker, et ux  
LESSEE: Theta Oil Company  
DATE: September 2, 1924  
RECORDED: Book 1, Page 544  
PROPERTY: East Half (E/2) of the Northeast Quarter (NE/4) of Section  
27, Township 31 South, Range 10 East, Elk County,  
Kansas  
WI ASSIGNED: 100%  
NRI ASSIGNED: .87500000

Together with the same interest in all of the wells and equipment located thereon and used in connection with, as well as all oil in stock tanks.

The Assignee assumes all regulatory obligations, including the obligation for the ultimate plugging of wells.

This Assignment is effective for all purposes as of 12:01 o'clock A.M., May 1, 2024.

IN WITNESS WHEREOF this instrument is executed by the parties as of the dates appearing below.

*Patteson Oil*

By: *Tom J. Patteson*  
Tom J. Patteson, Partner

By: *Sharon L. Patteson*  
Sharon L. Patteson, Partner

By: *Roger L. Patteson*  
Roger L. Patteson, Partner



STATE OF KANSAS )  
 ) SS:  
COUNTY OF Chautaugua )

This instrument was executed and acknowledged before me on this 30<sup>th</sup> day of April, 2024, by Tom J. Patteson and Sharon L. Patteson, partners of Patteson Oil.



Jaime Morris  
NOTARY PUBLIC

My Appointment Expires: 4/23/25

STATE OF KANSAS )  
 ) SS:  
COUNTY OF Chautaugua )

This instrument was executed and acknowledged before me on this 30<sup>th</sup> day of April, 2024, by Roger L. Patteson, partner of Patteson Oil.



Jaime Morris  
NOTARY PUBLIC

My Appointment Expires: 4/23/25

*Tom J. Patteson and Sharon L. Patteson  
Living Trust, dated April 30, 2012*

By: Tom J. Patteson  
Tom J. Patteson, Trustee

By: Sharon L. Patteson  
Sharon L. Patteson, Trustee

STATE OF KANSAS )  
 ) SS:  
COUNTY OF Chautaugua )

This instrument was executed and acknowledged before me on this 30<sup>th</sup> day of April, 2024, by Tom J. Patteson and Sharon L. Patteson, Trustees of the Tom J. Patteson and Sharon L. Patteson Living Trust, dated April 30, 2012.



Jaime Morris  
NOTARY PUBLIC

My Appointment Expires: 4/23/25

Tom J. Patteson

Tom J. Patteson, individually

Sharon L. Patteson

Sharon L. Patteson, individually

STATE OF KANSAS )  
 ) SS:  
COUNTY OF Chautaugua )

This instrument was executed and acknowledged before me on this 30<sup>th</sup> day of April, 2024, by Tom J. Patteson and Sharon L. Patteson, individually.



Jaime Morris  
NOTARY PUBLIC

My Appointment Expires 4/23/25

Roger L. PATTESON  
Roger L. Patteson, individually

STATE OF KANSAS )  
 ) SS:  
COUNTY OF Chautaugua )

This instrument was executed and acknowledged before me on this 30<sup>th</sup> day of April, 2024, by Roger L. Patteson, individually.



Jaime Morris  
NOTARY PUBLIC

My Appointment Expires 4/23/25

Michael D. Mills

PO Box 301

Moline, KS 67353