KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

071516_Oyster.pdf

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 One **
- ☐ 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: July 15, 2016

KS Dept of Revenue Lease No.: NA

Lease Name: Oyster

__ - __ - __ - __ Sec. 15 Twp. 17 R. 22 ☒ E ☐ W

Legal Description of Lease: NE quarter

County: Miami

Production Zone(s): _____

Injection Zone(s): _____

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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 OR ☐ Drilling

Past Operator's License No. 32584 Exp. 2/28/12

Past Operator's Name & Address: Leona Oyster
32051 W. 303rd St., Paola, KS 66071

Title: _____

Contact Person: Shirley Oyster, POA

Phone: 913-294-2648

Date: 8/8/16

Signature: Shirley Oyster, POA

New Operator's License No. 35352 (Residential)

New Operator's Name & Address: Leona Oyster
32051 W. 303rd St., Paola, KS 66071

Title: _____

Contact Person: Shirley Oyster, POA

Phone: 913-294-2648

Oil / Gas Purchaser: NA

Date: 8/8/16

Signature: Shirley Oyster POA

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 9/23/16 PRODUCTION 9-26-16 SEP 26 2016

Mail to: Past Operator _____ New Operator _____ District _____

Side Two

Must Be Filed For All Wells

KDOR Lease No.: NA

* Lease Name: Oyster

* Location: Sec 15, Twp 17, R 22 E

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2	15121021320000	30 Circle (FSL)/FNL 2590 Circle (FEL)/FWL	Gas	Inactive
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
		FSL/FNL FEL/FWL		
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		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
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Form KSONA-1
July 2014
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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 # 35352
Name: Leona Oyster
Address 1: 32051 W. 303rd St.
Address 2:
City: Paola State: KS Zip: 66071
Contact Person: Shirley Oyster
Phone: (913) 294-2648 Fax: ( )
Email Address: oyster@usd367.org

Well Location:
_ - _ - NE Sec. 15 Twp. 17 S. R. 22 ☒ East ☐ West
County: Miami
Lease Name: Oyster Well #: 2

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

Surface Owner Information:
Name: Leona Oyster
Address 1: 32051 W. 303rd St.
Address 2:
City: Paola State: KS Zip: 66071

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: 8/8/16 Signature of Operator or Agent: Shirley Oyster POA Title:

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