

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 1 \*\*
- 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: HAVANA WAYSIDE  
**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: 8-1-2016  
 KS Dept of Revenue Lease No.: NA  
 Lease Name: BETTS 1-15  
 \_\_\_\_\_, SE - SE - SE Sec. 15 Twp. 34S R. 14E  E  W  
 Legal Description of Lease: 15-34S-14E  
E 2 SE  
 County: MONTGOMERY  
 Production Zone(s): RIVERTON, MULKEY  
 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 144

Past Operator's License No. 34027 ✓  
 Past Operator's Name & Address: CEP MID CONTINENT LLC  
P. O. BOX 970 SKIATOOK, OK 74070  
 Title: CHARLES WARD, CHIEF OPERATING OFFICER

Contact Person: VICKIE HARTER  
 Phone: 918-877-2923  
 Date: \_\_\_\_\_  
 Signature: [Signature]  
 Received  
 KANSAS CORPORATION COMMISSION  
 AUG 22 2016  
 CONSERVATION DIVISION  
 WICHITA, KS

New Operator's License No. 32353 ✓  
 New Operator's Name & Address: GATEWAY RESOURCES U.S.A. INC  
1821 S. E. ARBOR DR.  
BARTLESVILLE, OK 74006  
 Title: PRESIDENT

Contact Person: A. BLAINE HANKS  
 Phone: 918-914-2212  
 Oil / Gas Purchase: GAS-GATEWAY RES 32353  
OIL-CEVL CRUDE 21004  
 Date: AUG 01 2016  
 Signature: [Signature]  
 RECEIVED  
 KCC WICHITA  
 AUG 03 2016

**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 9/28/16 PRODUCTION 9-29-16 UIC 9/29/16  
 Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_



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OIL & GAS CONSERVATION DIVISION

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 # 34027  
Name: CEP MID CONTINENT LLC  
Address 1: P. O. BOX 970  
Address 2: \_\_\_\_\_  
City: SKIATOOK State: OK Zip: 74070 + \_\_\_\_\_  
Contact Person: VICKIE HARTER  
Phone: (918) 877-2923 Fax: (918) 877-2921  
Email Address: VICKIE.HARTER@CEPLLC.COM

Well Location:  
SE SE SE Sec. 15 Twp. 34 S. R. 14E  East  West  
County: MONTGOMERY  
Lease Name: BETTS Well #: 1-15

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*  
15-34S-14E E 2 SE

**Surface Owner Information:**

Name: PRISM GROUP LLC  
Address 1: P. O. BOX 497  
Address 2: \_\_\_\_\_  
City: ALTAMONT State: KS Zip: 67330 + \_\_\_\_\_

KCC WICHITA  
AUG 03 2016  
RECEIVED

*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: 7-18-2016 Signature of Operator or Agent: Vickie Harter Title: SR. REG. AFF. SPEC.

Received  
KANSAS CORPORATION COMMISSION  
AUG 22 2016  
CONSERVATION DIVISION  
WICHITA, KS