

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form T-1  
March 2010  
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 1 \*\*

Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*

Gas Gathering System: \_\_\_\_\_

Saltwater Disposal Well - Permit No.: D23817.0 ✓

Spot Location: 725 feet from  N /  S Line

3761 feet from  E /  W Line

Enhanced Recovery Project Permit No.: \_\_\_\_\_

Entire Project:  Yes  No

Number of Injection Wells \_\_\_\_\_ \*\*

Field Name: Edgar ✓

Effective Date of Transfer: 08-01-2016

KS Dept of Revenue Lease No.: 124457 ✓

Lease Name: Nichol ✓

\_\_\_\_\_ - \_\_\_\_\_ S2 - SW Sec. 2 Twp. 6 R. 20  E  W

Legal Description of Lease: S2/SW4 Sec 2-6S-20W ✓

County: ROOKS ✓

Production Zone(s): Reagan Sand/KC

Injection Zone(s): Cedar Hill ✓

\*\* Side Two Must Be Completed.

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 *ORV*

Past Operator's License No. 30911 ✓

Past Operator's Name & Address: Gene Sneath dba Lucky Iron  
2060 17 Road, Plainville, KS 67663

Title: President

Contact Person: Gene Sneath

Phone: 785-737-6179

Date: August 1, 2016

Signature: *Gene Sneath*

New Operator's License No. 7076 ✓

New Operator's Name & Address: BLACK DIAMOND OIL, INC.  
PO Box 641  
Hays, Kansas 67601

Title: President

Contact Person: Kenneth Vehige

Phone: 785-625-5891

Oil / Gas Purchaser: Coffeyville Resources

Date: August 1, 2016

Signature: *Kenneth Vehige*

**KCC WICHITA**  
**AUG 10 2016**  
**RECEIVED**

**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.

Black Diamond Oil Inc is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-23817. Recommended action: NONE

Date: 9-30-16 *Cheryl L Beyer*  
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 <u>9/28/16</u>	PRODUCTION <u>10-3-16</u>	UIC <u>9-30-16</u>
Mail to: Past Operator <u>9-30-16</u>	New Operator <u>9-30-16</u>	District <u>4</u>	<u>9-30-16</u>



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1  
July 2010  
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 # 30911  
Name: Gene Sneath dba Lucky Iron  
Address 1: 2060 17 Road  
Address 2: \_\_\_\_\_  
City: Plainville State: KS Zip: 67663 + \_\_\_\_\_  
Contact Person: Gene Sneath  
Phone: ( 785 ) 737-6179 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ - S2 - SW Sec. 2 Twp. 6 S. R. 20  East  West  
County: Rooks  
Lease Name: Nichol Well #: 1, 1SWD

*If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:*  
S2/SW4 2-6-20W

**KCC WICHITA**

**Surface Owner Information:**

Name: Kenneth Vehige  
Address 1: PO Box 640  
Address 2: \_\_\_\_\_  
City: Hays State: KS Zip: 67601 + \_\_\_\_\_

**AUG 10 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 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: 7-28-2016 Signature of Operator or Agent: Gene Sneath Title: President