

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 2 \*\*

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.: E-25.083

Entire Project:  Yes  No

Number of Injection Wells 1 \*\*

Field Name: Blankenship ✓

**\*\* Side Two Must Be Completed.**

Effective Date of Transfer: 8/30/16

KS Dept of Revenue Lease No.: 101617 ✓

Lease Name: Dunne

\_\_\_\_\_ NE Sec. 9 Twp. 26 R. 8  E  W

Legal Description of Lease: North Half of NE/4 of the Sec.9 Twp.26S R.8E ✓

County: Butler ✓

Production Zone(s): Bartlesville

Injection Zone(s): Bartlesville ✓

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 **OR**

Past Operator's License No. 34998 ✓

Past Operator's Name & Address: Ace Energy LLC  
11704 Aberdeen Rd. Leawood KS, 66211

Title: Operator

Contact Person: Jonathan Freiden

Phone: 773-209-8602

Date: 8/30/16

Signature: \_\_\_\_\_

Received  
KANSAS CORPORATION COMMISSION

New Operator's License No. 35339 ✓

New Operator's Name & Address: SX54, LLC  
1900 W. Gray #130945  
Houston, TX 77219

Title: Operator

Contact Person: Casey Minshew

Phone: 512-731-7723

Oil / Gas Purchaser: Acert Markler

Date: 8/30/16

Signature: \_\_\_\_\_

AUG 31 2016  
CONSERVATION DIVISION  
WICHITA, KS

**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.

SX54, LLC is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: E-25.083 . Recommended action: NONE

Date: 9-30-16 Cheryl L Bayer  
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>2</u>	<u>9-30-16</u>



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1  
January 2014  
**Form Must Be Typed**  
**Form must be Signed**  
All blanks must be Filled

*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 # 34998  
Name: Ace Energy LLC  
Address 1: 11704 Aberdeen Rd.  
Address 2: \_\_\_\_\_  
City: Leawood State: KS Zip: 66211 + \_\_\_\_\_  
Contact Person: Jonathan Freiden  
Phone: ( 773 ) 209-8602 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: NA

Well Location:  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ NE Sec. 9 Twp. 26 S. R. 8  East  West  
County: Butler  
Lease Name: Dunne Well #: ALL

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

North half of NE/4 of the Sec.9 Twp.26S. R.8E.

**Surface Owner Information:**

Name: Dunne Ranch 11C  
Address 1: Attn: KE Andrews & Company  
Address 2: PO BOX 870849  
City: Mesquite State: TX Zip: 75187 + \_\_\_\_\_

*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: 8/30/14 Signature of Operator or Agent: \_\_\_\_\_ Title: Owner