

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 _____ **
- 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 _____ **

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): _____

Field Name: _____

**** 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

Past Operator's License No. _____

Contact Person: _____

Past Operator's Name & Address: _____

Phone: _____

Title: _____

Signature: _____

New Operator's License No. _____

Contact Person: _____

New Operator's Name & Address: _____

Phone: _____

Title: _____

Signature: _____

Oil / Gas Purchaser: _____

Date: _____

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 _____

Mail to: Past Operator _____ New Operator _____ District _____

Must Be Filed For All Wells

KDOR Lease No.: _____

* Lease Name: _____

* Location: _____

| Well No. | API No. (YR DRDL/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) |
|----------|------------------------------|--|-------------------------|-----------------------------------|--------------------------------------|
| _____ | _____ | _____ Circle FSL/FNL | _____ Circle FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ FSL/FNL | _____ FEL/FWL | _____ | _____ |
| _____ | _____ | _____ 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
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: _____

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT (FORM T-1)

Instructions

General Instructions.

1. Form must be typed.
2. Form must be signed.
3. All applicable blanks must be completed.
4. Form must be submitted with a completed Form KSONA-1.

Section 1:

- 1a. **Oil Lease.** Check this box if the lease contains oil wells, and enter the number of oil wells in the blank to the right of the box. If the lease contains oil wells, you must complete the information for each well on Side Two of this form.
- 1b. **Gas Lease.** Check this box if the lease contains gas wells, and enter the number of gas wells in the blank to the right of the box. If the lease contains gas wells, you must complete the information for each well on Side Two of this form.
- 1c. **Gas Gathering System.** Check this box if you are transferring a gas gathering system. A starting location—section, township, and range—must be entered as described in 2d.
- 1d. **Saltwater Disposal Well.** Check this box if the lease contains a saltwater disposal well, and list the permit number in the blank to the right of the box. Permit numbers can be obtained by contacting the KCC Underground Injection Control Department, at (316) 337-6200. For the spot location, identify the location of the well by filling in the distance from the North or South section line and the East or West section line.
- 1e. **Enhanced Recovery Project Permit No.** Check this box if the lease contains an enhanced recovery project, and list the permit number in the blank to the right of the box. Permit numbers can be obtained by contacting the KCC Underground Injection Control Department, at (316) 337-6200. Check the appropriate box to indicate whether this transfer includes all of the project's injection wells, and fill in the number of injection wells in the space provided. If the lease does contain injection wells, you must complete the information for each well on Side Two of this form.
- 1f. **Field Name.** List the name of the field from which the wells are producing. Field names are available on the KGS website at <http://www.kgs.ku.edu/Magellan/Field/index.html>.

Section 2:

- 2a. **Effective Date of Transfer.** Enter the date that the lease will be transferred.
- 2b. **Dept of Revenue Lease No.** List the Kansas Department of Revenue (KDOR) lease number in the space provided. You can obtain the lease number directly from KDOR or from the Kansas Geological Survey website at <http://www.kgs.ku.edu/Magellan/Field/lease.html>.
- 2c. **Lease Name.** Fill in the name of the lease. If the lease name has changed, please indicate the change similarly to the following example: "Smith (formally known as Johnson)."
- 2d. **Enter the quarter calls.** ($\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$), and the Section, Township, and Range, indicating whether the Range is East or West of the Sixth Principal Meridian (e.g., Sec. 7, Twp. 9, R. 5 E).
- 2e. **Legal Description of Lease.** Enter the complete legal description of the lease. The acreage that the lease covers is recorded on the Oil and Gas Lease or the Assignment of Oil and Gas Lease (e.g., N/2 of 07-09S-05E). Attach additional sheets of paper if necessary.
- 2f. **County.** List the county in which the lease is located.
- 2g. **Production Zone(s).** the production zone or zones for the wells on this lease.
- 2h. **Injection Zone(s).** List the injection zone or zones for the wells on this lease.

Section 3:

- 3a. **Surface Pit Permit No.** List the surface pit permit number in the blank, and identify the location of the pit by filling in the distance

from the North or South section line and the East or West section line. If the pit permit number is unknown, please contact the KCC Environmental Protection and Remediation Department, at (316) 337-6200.

- 3b. **Type of Pit.** Check the appropriate box to identify the type of surface pit. See K.A.R. 82-3-101(a)(52) for definitions of pit types. KCC Rules and Regulations can be accessed on the KCC website at <http://kcc.ks.gov>.

Section 4:

- 4a. **Past Operator's License No.** Enter the license number of the operator that is transferring the subject wells, pits, or injection authority. To verify the operator's license information, contact the Licensing Department at (316) 337-6200.
- 4b. **Past Operator's Name and Address.** in the former operator's full name and mailing address.
- 4c. **Title.** Fill in the title of the signer with respect to the former operator, if applicable.
- 4d. **Contact Person.** Enter the name of the contact person for the former operator. This may or may not be the same person as the former operator.
- 4e. **Phone.** Enter the telephone number of the contact person for the former operator.
- 4f. **Date and Signature:** This section must be signed and dated by an authorized signer for the former operator. If a signature is unavailable, the new operator must provide legal documentation demonstrating lease ownership or the right to operate the lease. For example, if the past operator is deceased, attach a copy of the death certificate along with the legal documentation indicating the new operator has the right to operate the lease; if the company is no longer in business, attach a copy of the lease assignment, bill of sale, or other legal documentation indicating the new operator has the right to operate the lease.

Section 5:

- 5a. **Operator's License No.** Enter the license number of the operator to whom the subject wells, pits, or injection authority is being transferred. To verify operator license information, contact the Licensing Department at (316) 337-6200.
- 5b. **Operator's Name and Address.** Enter the new operator's full name and mailing address.
- 5c. **Title.** Enter the title of the signer with respect to the new operator, if applicable.
- 5d. **Contact Person.** Enter the name of contact person for the new operator. This may or may not be the same person as the new operator.
- 5e. **Phone.** Enter the phone number of the contact person for the new operator.
- 5f. **Oil / Gas Purchaser.** Enter the name of the individual or entity that will be purchasing the oil or gas from this lease.
- 5g. **Date and Signature.** This section must be signed and dated by an authorized signer for the new operator. The new operator must have a current, valid Kansas Operator's License and sufficient financial assurance to cover the wells on the lease being transferred.

Side Two:

Fill in the blanks provided to indicate the KDOR lease number (same as 2b from Side One), lease name (same as 2c from Side One), and lease location (same as 2d from Side One). If you are transferring a unit that 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.

For each unplugged well (oil, gas, injection, cathodic borehole, gas storage, etc.), list ALL of the following:

1. **Well number.** List the well number. If the well number has been changed from the original number associated with this well, please list the new well number, followed by the old number in parentheses (e.g 1 (32), where "1" is the new well number and "32" was the original well number associated with this well). Note that the operator determines the well number when the wells are initially permitted.
2. **API No.** All wells drilled in 1967 or later must list the API Number assigned to the well. Wells drilled prior to 1967 must indicate the year the well was drilled. If the exact year drilled is not known, enter the following: "Drilled prior to 1967, year unknown." API numbers are available from the KCC library, (316) 337-6200, or on the KGS online database, at <http://www.kgs.ku.edu/Magellan/Qualified/index.html>.
3. **Footage from Section Line.** All footages must be calculated from the section line. Circle the appropriate direction to indicate which section lines were used.
4. **Type of Well.** List the well type (oil, gas, injection, WSW (water supply well), CB (cathodic borehole), CM (coal bed methane), GS (gas storage).
5. **Well Status:** List whether the well is still producing (PROD), active (ACT), approved temporarily abandoned (TA'D), Declaratory Order Well (DC), or not producing or not being injected/discharged into (Inactive).

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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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 1a **
- Gas Lease: No. of Gas Wells 1b **
- Gas Gathering System: 1c
- Saltwater Disposal Well - Permit No.: 1d
Spot Location: _____ feet from N / S Line
_____ feet from E / W Line
- Enhanced Recovery Project Permit No.: 1e
Entire Project: Yes No
Number of Injection Wells _____ **

Field Name: 1f

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

Effective Date of Transfer: 2a

KS Dept of Revenue Lease No.: 2b

Lease Name: 2c

2d - _____ - _____ Sec. _____ Twp. _____ R. _____ E W

Legal Description of Lease: 2e

County: 2f

Production Zone(s): 2g

Injection Zone(s): 2h

Surface Pit Permit No.: 3a
(API No. if Drill Pit, WO or Haul)

3a feet from N / S Line of Section

_____ feet from E / W Line of Section

3b
Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling

Past Operator's License No. 4a

Contact Person: 4d

Past Operator's Name & Address: 4b

Phone: 4e

Title: 4c

Date: 4f

Signature: _____

New Operator's License No. 5a

Contact Person: 5d

New Operator's Name & Address: 5b

Phone: 5e

Oil / Gas Purchaser: 5f

Date: 5g

Title: 5c

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 _____
Mail to: Past Operator _____ New Operator _____ District _____

Must Be Filed For All Wells

KDOR Lease No.: 2b

* Lease Name: 2c * Location:

Table with 5 columns: Well No., API No., Footage from Section Line (i.e. FSL = Feet from South Line), Type of Well (Oil/Gas/INJ/WSW), Well Status (PROD/TA'D/Abandoned). Includes sub-columns for Circle FSL/FNL and Circle 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.