

Orville L. Kretzmeier (1920-1978)
C. Duane McCammon
Jay D. Kretzmeier
Janet S. St. Clair-Hays

KRETZMEIER, McCAMMON & St. CLAIR, INC.
PUBLIC ACCOUNTANTS
1006 North State
P.O Box 747
Iola, Kansas 66749

Area Code 620
Phone 365-2421
Fax 365-2004

2016.11.18 10:43:12
Kansas Corporation Commission
/S/ Amy L. Green

November 14, 2016

Kansas Conservation Division
266 N Main St Suite 220
Wichita, KS 67202-1513

RE: Marvin E Boyer Marital Trust
17-CONS-3349-CPEN

Dear Sirs:

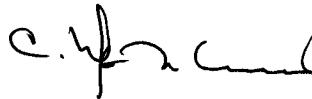
My name is C. Duane McCammon and I am the trustee for the Marvin E Boyer Marital Trust and I just received the mail for the notice of penalty assessment for the above named trust. I am sending you this letter to request that a hearing be requested do to the following.

Mr. Robin C. Boyer has been issued a KCC License for the operation of the four wells that are in question. His taking over of these wells were before the expiration of the license. The T-1 forms were filed with the commission showing that the wells were transferred. I am sending a copy of the Form T-1 that was originally filed. Mr. Boyer has also received his permit which is license number 35379. I was of the opinion that when we received the Notice of Violation the lease list had not been yet posted to Mr. Boyer's license. I also assumed that when he received his license that the wells would automatically be assigned due to the paperwork that he filled out.

I do not believe that this penalty order should remain in effect due to the fact that the wells are no longer in the Trust's control and all necessary paperwork has been completed.

I request that you eliminate this penalty, and if that cannot be done, I request that a hearing be granted.

Respectfully,



C Duane McCammon
Trustee of the Marvin E Boyer Marital Trust

RECEIVED
KANSAS CORPORATION COMMISSION

NOV 18 2016

CONSERVATION DIVISION
WICHITA, KS

Members National Society of Accountants
Members Public Accountants Association of Kansas

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 4 **
- ☐ 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: AUSTIN/BRUENGER

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

Effective Date of Transfer: _____

KS Dept of Revenue Lease No.: _____

Lease Name: AUSTIN/BRUENGER

_____ Sec. 14 Twp. 24 R. 18 ☒ E ☐ W

Legal Description of Lease: _____

County: ALLEN

Production Zone(s): _____

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

Past Operator's License No. 33855

Contact Person: C DUANE MCCAMMON

Past Operator's Name & Address: BOYER, MARVIN E MARITAL TRUST

Phone: 620-365-2421

PO BOX 625; IOLA, KS 66749

Date: _____

Title: TRUSTEE

Signature: 

New Operator's License No. _____

Contact Person: ROBIN C BOYER

New Operator's Name & Address: ROBIN C BOYER

Phone: 620-365-6655

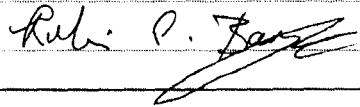
PO BOX 645

Oil / Gas Purchaser: _____

IOLA, KS 66749

Date: _____

Title: OWNER

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 _____

* Lease Name: **AUSTIN/BRUENGER**

* Location: 14-24-18E

[illegible]

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.