

**THE STATE CORPORATION COMMISSION  
OF THE STATE OF KANSAS**

Before Commissioners: Pat Apple, Chairman  
Shari Feist Albrecht  
Jay Scott Emler

In the Matter of an Order to Show Cause ) Docket No.: 17-CONS-3129-CSHO  
Issued to William T. Wax Regarding )  
Responsibility Under K.S.A. 55-179 for ) CONSERVATION DIVISION  
Unplugged Wells on an Expired License )  
\_\_\_\_\_ ) License No.: 3473

**MOTION TO CLOSE DOCKET AND CANCEL PREHEARING CONFERENCE**

The Staff of the State Corporation Commission of the State of Kansas (“Staff” and “Commission”, respectively), files its Motion to Close Docket and Cancel Prehearing Conference (Motion) seeking the Commission close this docket and cancel the remaining procedural schedule. In support of its Motion, Staff states:

1. On September 22, 2016, Staff filed a Motion for an Order to Show Cause, the Designation of a Prehearing Officer, and the Scheduling of a Prehearing Conference regarding unplugged wells on Operator’s expired license.
2. On January 24, 2017, the Commission issued an Order to Show Cause, Designating a Prehearing Officer, and Setting a Prehearing Conference.
3. The prehearing conference was initially scheduled for February 21, 2017, but was continued four times to allow the parties to seek a resolution of the matter.<sup>1</sup> The prehearing conference is now scheduled for September 11, 2017 at 10:00 am.
4. On May 2, 2017, Staff conducted research and performed inspections on the wells remaining on Operator’s expired license and updated Commission records accordingly.<sup>2</sup>

<sup>1</sup> See, Prehearing Officer Order Rescheduling Prehearing Conference (issued July 18, 2017)

<sup>2</sup> See, Exhibit A, Field Report dated May 2, 2017

Operator subsequently transferred all wells remaining on its license to a different operator, which was approved by Commission Staff.<sup>3</sup>

5. Based on this additional information, Staff is satisfied that all matters have been resolved. Therefore, Staff recommends the Commission cancel the remainder of the procedural schedule in this matter and close this docket.

WHEREFORE, Staff respectfully requests the Commission cancel the remainder of the procedural schedule in this matter and close this docket.

Respectfully submitted,



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Joshua D. Wright, #24118  
Litigation Counsel,  
Kansas Corporation Commission  
266 N. Main, Suite 220, Wichita, Kansas 67202  
Phone: 316-337-6200; Fax: 316-337-6211

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<sup>3</sup> See Exhibit B, Transfer of Operator forms

# KCC OIL/GAS REGULATORY OFFICES

Inspection Date 05/02/2017 District: 3 Incident Number: 5765

- ☒ New Situation ☐ Lease Inspection  
☒ Response to Request ☐ Complaint  
☐ Follow-up ☒ Field Report

Operator License No: 3473 API: Q3 Q2: Q1:  
 Operator Name: William T. Wax SEC 1 TWP 31 RGE 21 RGEDIR E  
 Address: P.O. Box 276 FSL:  
 City: McCune FEL:  
 State Ks Zip Code: 66753-0276 Lease: Mullen,Czapansk Well No.: J70, J81  
 Phone contact: 620-724-3400 County: Cr

## Reason for Investigation:

Wichita legal request about wells listed on expired license # 3473. Expired 7/30/2012.

## Problem:

Well status for four (4) wells Mullen J 70, Mullen J81, Mullen J 70, Czapansky 5.

## Persons contacted:

William T. Wax 620-724-3400

## Findings:

I researched RBDMS, GPS records, KGS, Eastern Kansas Documents, Kolar, Google Earth and District #3 files for the Mullen J 70, 15-037-21487, the Mullen J70, 15-037-21477, Mullen J 81, 15-037-21881 and Czapansky 5, 15-099-23287. I located intents for the Mullen wells in the district files. Well J 70, 15-037-21487 was reported as drilled by Mr. Wax and the intent was entered on RBDMS as being from the north line (fnl). The intent that I located has footages from the south line (fsl), 2890 fsl 250 fel. I met with Mr. Wax on 5/5/2017 and I completed a GPS survey on the J 70. This well is located at 37.37713 95.05023 SESENE 2894 fsl 236 fel. The T-1 filed for J 70, 15-037-21487 does not indicate if the footages are from the south or north line or from the east or west line. At this time the well is not active however the filed T-1 for J 70 indicates that this well is in active/producing status. The Mullen J 70, 15-037-21477 is listed as a PW well with the same footages as the other J 70 well. Refer to page #2.

## Actions / Recommendation

## Follow-up Required ☐

## Deadline Date:

I will update RBDMS for the J 70, 15-037-21487 to correct the location and change it to an "Inactive" well. The J 70, 15-037-21477 and the J 81 should be corrected to indicate "expired" intent. I have contacted Mr. Wax and give him the opportunity to excavate the Czapansky # 5 site, then determine what action needs to be taken as per what is found. I will refer this report to John Almond, Compliance Officer and Troy Russell, District Supervisor for referral to Wichita legal. 6/1/2017 I recommend that Mr. Wax be allowed to cancel the T-1's for the Mullen J 70, J 81 and Czapansky #5 and be required to file the correct information on the Mullen J 70.

Photo's Taken: 0

☒ RBDMS ☒ KGS ☐ TA DBF Report Prepared By: Russell Hine  
☒ T1 DBF ☒ District Files ☐ Courthouse Position: E.C.R.S.

## KCC OIL/GAS REGULATORY OFFICES

### **Additional Findings:**

I could not locate the Mullen J 81, 15-037-21881. There are no indications at the surface that this well was drilled. Mr. Wax has filed a T-1 for J 81 indicating it is in active/producing status. Mr. Wax does not have a lease on the property where the J 81 should be located and he stated that he did not drill this well.

I searched for the Czapansky 5, 15-099-23287 and did not locate a well above ground however there is a pit that contains water. I field tested the water in the pit with Quantab Titator strips and the results were less than 300ppm. I believe that the fluids are from the recent rainfall. I used a metal detector and had indications of metal below surface. I contacted Mr. Wax and requested he excavate the site in an attempt to locate the well. Mr. Wax told me he did not drill this well. He did file a T-1 for Czapansky # 5 and listed this well as active/producing status. I completed a GPS survey of the site. 37.27958607 - 95.13278020 4757 fsl 3107 fel. NE NE NW.

All of the T-1's filed for the above mentioned wells/intents transfer them to Mark Smith dba MS Drilling # 9684.

6/1/2017 Mr. Wax hired a contractor to excavate the Czapansky #5 location today. Buried metal signs were located however we did not locate a well. The backhoe hit cap rock at approximately 3' and there are no indications of a well bore and no indications of drill cuttings in the pit. I checked the surrounding area with the metal detector but did not find any other indications of metal. I referred Mr. Wax to Olivia Raigosa, Wichita Central Office, in order to correct the paperwork that he submitted.

All of the T-1's filed for the above mentioned wells/intents transfer them to Mark Smith dba MS Drilling # 9684.

JUL 27 2017

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

072517\_Mullen.pdf

Form T-1

July 2014

Form must be Typed

Form must be Signed

All blanks must be Filled

SCANNED

CONSERVATION DIVISION  
WICHITA, KSREQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION OR SURFACE PIT PERMITForm 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.: \_\_\_\_\_
- 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 \_\_\_\_\_

\*\* Side Two Must Be Completed.

Effective Date of Transfer: 7-25-17

KS Dept of Revenue Lease No.: 138693/KR

Lease Name: Mullen

SE SE NE Sec. 1 Twp. 31 R. 21 ☒ E ☐ W

Legal Description of Lease: SE SE NE 1-31S-21E

County: Crawford

Production Zone(s): Cattleman

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: \_\_\_\_\_ feet from ☐ N / ☐ S Line of Section

(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OR ☐ Drilling

Past Operator's License No. 3473 Exp. 7/30/12

Past Operator's Name & Address: William T. Wax

P. O. Box 276 McCune, KS 66753

Title: OWNER/OPERATOR

Contact Person: Bill Wax

Phone: 620-724-3400

Date: 7-25-17

Signature: [Signature]

New Operator's License No. 9684 ☒

New Operator's Name & Address: Mark A. Smith dba MS Drilling

P. O. Box 87 St Paul, KS 66771

Title: OWNER/OPERATOR

Contact Person: Mark Smith

Phone: 620-423-6715

Oil / Gas Purchaser: \_\_\_\_\_

Date: 7-25-17

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

\_\_\_\_\_ is acknowledged as  
the new operator of the above named lease containing the surface pit  
permitted by No.: \_\_\_\_\_  
Date: \_\_\_\_\_

DISTRICT _____	EPR <u>7/27/17</u>	PRODUCTION <u>JUL 26 2017</u>	UIC <u>7-28-17</u>
Mail to, Past Operator _____	New Operator _____	District _____	

KCC - Conservation Division, 266 N Main St, Ste 220, Wichita, KS 67202-1513

**Must Be Filed For All Wells**

JUL 27 2017

CONSERVATION DIVISION  
WICHITA, KS

KDOR Lease No. ~~121235~~ 138673 ✓KR

\* Lease Name: Mullen

\* Location: SE SE NE 1-31-21E

[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.

JUL 27 2017

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2014

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONSERVATION DIVISION  
WICHITA, KSCERTIFICATION 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 # 3473  
Name: William T. Wax  
Address 1: P. O. Box 276  
Address 2:  
City: McCune State: KS Zip: 66753  
Contact Person: Bill Wax  
Phone: ( 620 ) 724-3400 Fax: ( )  
Email Address:

Well Location:  
SE SE NE Sec. 1 Twp. 31 S. R. 21 ☒ East ☐ West  
County: Crawford  
Lease Name: Mullen Well #: J-70  
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:  
SE SE NE 1-31-21E

## Surface Owner Information:

Name: Plum Creek Irrevocable Trust  
Address 1: P. O. Box 276  
Address 2:  
City: McCune State: KS Zip: 66753

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: 7-25-17 Signature of Operator or Agent: [Signature] Title: Owner/Operator



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

032017\_Grotheer.pdf

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: \_\_\_\_\_

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

Effective Date of Transfer: 03/20/2017

KS Dept of Revenue Lease No.: Residential Gas Well NA ☒ NA

Lease Name: Grotheer

NE 1/4 Sec. 7 Twp. 29 R. 24 ☒ E ☐ W

Legal Description of Lease: NW 7-29S-24E

County: Crawford

Production Zone(s): Mississippi **KCC WICHIT.**

Injection Zone(s): MAR 23 2017

**RECEIVED**

Surface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling ☒

Past Operator's License No. 3473 Exp. 7/30/12

Past Operator's Name & Address: William T. Wax

P. O. Box 276 McCune, KS 66753

Title: Owner

Contact Person: Bill Wax

Phone: 620-724-3400

Date: 04/14/2017 03/20/17

Signature: [Signature]

New Operator's License No. 35445 (Residential)

New Operator's Name & Address: Daniel Grotheer

135 EAST 640 AVENUE

GIRARD, KS 66743

Title: \_\_\_\_\_

Contact Person: Daniel Grotheer

Phone: 620-724-8868

Oil / Gas Purchaser: Residential Gas Well

Date: 03/20/17

Signature: [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 3/27/17

PRODUCTION MAR 28 2017

UIC MAR 28 2017

Mail to: Past Operator \_\_\_\_\_

New Operator \_\_\_\_\_

District \_\_\_\_\_



\* Lease Name: Grotheer

\* Location: NW 7-295-24E

Well Status  
(PROD/TA'D/Abandoned)

KCC WICHITA  
MAR 23 2017  
RECEIVED

Exhibit B  
Page 5 of 12

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE  
KANSAS SURFACE OWNER NOTIFICATION ACT**

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

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Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 3473  
Name: William T. Wax  
Address 1: P. O. Box 276  
Address 2: \_\_\_\_\_  
City: McCune State: KS Zip: 66753 + \_\_\_\_\_  
Contact Person: Bill Wax  
Phone: ( 620 ) 724-3400 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: lucenergy1129@ckt.net

Well Location:  
\_\_\_\_\_ NE NW Sec. 7 Twp. 29 S. R. 24 ☒ East ☐ West  
County: CRAWFORD  
Lease Name: Grotheer Well #: 1

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

KCC WICHITA

MAR 23 2017

RECEIVED

**Surface Owner Information:**

Name: Daniel Grotheer  
Address 1: 135 EAST 640 AVENUE  
Address 2: \_\_\_\_\_  
City: Girard State: KS Zip: 66743 + \_\_\_\_\_

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.

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 03/20/2017 Signature of Operator or Agent: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 3473  
Name: William T. Wax  
Address 1: P. O. Box 276  
Address 2: \_\_\_\_\_  
City: McCune State: KS Zip: 66753 + \_\_\_\_\_  
Contact Person: Bill Wax  
Phone: ( 620 ) 724-3400 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: lucenergy1129@ckt.net

Well Location:  
NE-SE-SW Sec. 6 Twp. 29 S. R. 24 ☒ East ☐ West  
County: CRAWFORD  
Lease Name: Widner Well #: 1

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

**KCC WICHITA**  
**MAY 01 2017**

**Surface Owner Information:**

Name: STEVE WIDNER  
Address 1: 1132 EAST 640 AVE  
Address 2: \_\_\_\_\_  
City: GIRARD State: KS Zip: 66743

**RECEIVED**

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- ☐ 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.

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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 04/14/2017 Signature of Operator or Agent: [Signature] Title: \_\_\_\_\_

# 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: \_\_\_\_\_

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

Effective Date of Transfer: 03/20/2017

KS Dept of Revenue Lease No.: Residential Gas Well NA na

Lease Name: ULbrich

NW SE NW Sec. 19 Twp. 29 R. 24 ☒ E ☐ W

Legal Description of Lease: NW 19-29-24E

County: Crawford

Production Zone(s): Mississippi

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: \_\_\_\_\_  
(API No. if Drill Pit, WO or Haul)

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

Past Operator's License No. 3473 Exp. 7/30/12

Past Operator's Name & Address: William T. Wax

P. O. Box 276 McCune, KS 66753

Title: Owner

Contact Person: Bill Wax

Phone: 620-724-3400

Date: 04/14/2017 03/20/2017

Signature: [Signature]

New Operator's License No. 35451 (Residential)

New Operator's Name & Address: Vernon ULbrich  
1102 Carline Road  
Girard, KS 66743

Title: \_\_\_\_\_

Contact Person: Vernon ULbrich

Phone: 620-724-4930

Oil / Gas Purchaser: Residential Gas Well

Date: 03/20/2017

Signature: Vernon Ulbrich

**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 3/27/17 PRODUCTION MAR 28 2017 UIC MAR 28 2017  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_





KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2014

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 # 3473  
Name: William T. Wax  
Address 1: P. O. Box 276  
Address 2: \_\_\_\_\_  
City: McCune State: KS Zip: 66753 + \_\_\_\_\_  
Contact Person: Bill Wax  
Phone: ( 620 ) 724-3400 Fax: ( \_\_\_\_\_ ) \_\_\_\_\_  
Email Address: lucenergy1129@ckt.net

Well Location:

NWSE 1/4 Sec. 19 Twp. 29 S. R. 24 ☒ East ☐ West

County: CRAWFORD

Lease Name: ULBRICH Well #: 1

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

**KCC WICHITA**

**MAR 23 2017**

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**Surface Owner Information:**

Name: Vernon ULbrich  
Address 1: 1102 Car Line Road  
Address 2: \_\_\_\_\_  
City: Girard State: KS Zip: 66743

*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: 03/20/2017 Signature of Operator or Agent: [Signature] Title: \_\_\_\_\_

**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: \_\_\_\_\_

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

Effective Date of Transfer: 4/25/2017

KS Dept of Revenue Lease No.: Residential Gas Well NA ✓

Lease Name: Widner

NE SE SW Sec. 6 Twp. 29 R. 24 ☒ E ☐ W

Legal Description of Lease: E2 SW 6-29S-24E

County: Crawford

Production Zone(s): Mississippi

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

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Past Operator's License No. 3473 Exp. 7/30/12

Contact Person: Bill Wax

MAY 01 2017

Past Operator's Name & Address: William T. Wax

Phone: 620-724-3400

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P. O. Box 276 McCune, KS 66753

Date: 04/14/2017

Title: Owner

Signature: [Signature]

New Operator's License No. 35458 ✓

Contact Person: STEVE Widner

New Operator's Name & Address: STEVE Widner

Phone: 620-724-0437

132 EAST 640 AVE

Oil / Gas Purchaser: Residential Gas Well

Girard, KS 66743

Date: 4-25-2017

Title: \_\_\_\_\_

Signature: [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 5/3/17 PRODUCTION MAY 04 2017 UIC 5-4-17  
Mail to: Past Operator \_\_\_\_\_ New Operator \_\_\_\_\_ District \_\_\_\_\_



\* Lease Name: Widner \* Location: NE SE SW 6-295-24E

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MAY 01 2017  
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\* 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.

**CERTIFICATE OF SERVICE**

I certify that on 9/6/17, I caused a complete and accurate copy of this Motion to be served electronically and via United States mail, with the postage prepaid and properly addressed to the following:

Jon R. Viets  
PO Box 1176  
Independence, KS 67301  
vicogroupltd@live.com  
*Attorney for William T. Wax*

and delivered by e-mail to:

Joshua D. Wright, Litigation Counsel  
KCC Central Office

Samuel Feather, Deputy General Counsel  
KCC Topeka Office

/s/ Paula J. Murray  
Paula J. Murray  
Legal Assistant  
Kansas Corporation Commission