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AUG 2 2010

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm T-1  
April 2004  
Form must be Typed  
Form must be Signed  
All blanks must be FilledREQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION OR SURFACE PIT PERMIT

KCC WICHITA

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: Cimarron Bend**\*\* Side Two Must Be Completed.**Effective Date of Transfer: August 1, 2010KS Dept of Revenue Lease No.: 130360 ✓Lease Name: Adams Ranch F-40\_\_\_\_\_ SW \_\_\_\_\_ NW \_\_\_\_\_ SE Sec. 9 Twp. 35 R. 29 ☐ E ☒ WLegal Description of Lease: SE/4 Sec 9-35-29WCounty: MEADEProduction Zone(s): Kansas City Group

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 SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling *DE*Past Operator's License No. 34265Past Operator's Name & Address: Encore Operating, L.P.777 Main St. Ste 1400 Fort Worth, Texas 76102Title: V. P. Wetsem RegionContact Person: Charles GibsonPhone: 800-364-5482Date: July 22, 2010Signature: *Paul C. Gibson*New Operator's License No. 34399New Operator's Name & Address: Quantum Resources Management LLC5 Houston Center, 1401 McKinney St Ste 2400Houston, Texas 77010Title: General CounselContact Person: Gregory S. RodenPhone: 713-452-2200Oil / Gas Purchaser: Plains MarketingDate: July 12, 2010Signature: *Gregory S. Roden*

**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 1 11/4/10 EPR 11/10/10PRODUCTION 11-10-10 UIC 11-10-10

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

District \_\_\_\_\_

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

080110 Adams Ranch F40.pdf

KDOR Lease No.: 130360

\* Location: SEC 9-35S-29W

*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.

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Form KSONA-1

July 2010

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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 # 34265  
Name: ENCORE OPERATING, L.P.  
Address 1: 777 MAIN STREET, STE. 1400  
Address 2: \_\_\_\_\_  
City: FORT WORTH State: TX Zip: 76102 + \_\_\_\_\_  
Contact Person: ANN BURDETTE WILEY  
Phone: ( 817 ) 877-9955 Fax: ( 817 ) 877-1655  
Email Address: \_\_\_\_\_

Well Location:  
\_\_\_\_ SW \_\_\_\_ NW \_\_\_\_ SE Sec. 9 Twp. 35 S. R. 29 ☐ East ☒ West  
County: MEADE  
Lease Name: ADAMS RANCH Well #: F-40  
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

## Surface Owner Information:

Name: JAD RANCH LLC  
Address 1: 11062 GG ROAD  
Address 2: \_\_\_\_\_  
City: MEADE State: KS Zip: 67864 + \_\_\_\_\_

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: 7/27/10 Signature of Operator or Agent: [Signature] Title: REGULATORY MANAGER

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