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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

April 2004
Form must be Typed
Form must be Signed
All blanks must be Filled

AUG & 2 2010

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

KGG.WIGHTA:	
X Oil Lease: No. of Oil Wells 1 **	Effective Date of Transfer: August 1, 2010
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 132161 219 302 110
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	Lease Name: NOVINGER SOUTH 1 / 7 00
Spot Location: feet from N / S Line	Lease Name: NOVINGER SOUTH 1 - NE - NE - SE Sec. 2 Twp. 34 R. 30 EV W L Legal Description of Lease: SE/4 Sec 2-34-30W
feet from E / W Line	Legal Description of Lease: 360 2-34-30W
Enhanced Recovery Project Permit No.:	°
Entire Project: Yes No	County: MEADE
Number of Injection Wells**	Production Zone(s): NVCCGV
Field Name: Novinger South	Unication Zanada).
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section Haul-Off Workover Drilling
Past Operator's License No. 34265 √	Contact Person: Charles Gibson
Past Operator's Name & Address: Encore Operating, L.P.	Phone: 800-364-5482 RECEIVED
777 Main St. Ste 1400 Fort Worth, Texas 76102	14 42 4010 MAY 17.2011
V. D. Wetsom Bosins	Co O O
Title: V. P. Wetsern Region	Signature: KCC WICHITA
New Operator's License No. <u>34399</u> ✓	Contact Person: Gregroy S. Roden RECEIVED
New Operator's Name & Address: Quantum Resources Management LLC	Phone: 713-452-2200 AUG 2 5 2010
5 Houston Center, 1401 McKinney St Ste 2400	Oil / Gas Purchaser: Plains Marketing
Houston, Texas 77010	Date: July 1/2, 2010 KCC WICHITA
Title: General Counsel	Signature:
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corpor Corporation Commission records only and does not convey any ownership	ration Commission. This acknowledgment of transfer pertains to Kansas
is acknowleged as the	is acknowleged as the
new operator and may continue to inject fluids as authorized by	new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
Date: Authorized Signature	Date:
*	PRODUCTION 5-23-20// UIC 5-23-11
Mail to: Past Operator New Operator	District

SCANNED

Must Be Filed For All Wells

1219302 KAR * Lease Name: NOVINGER SOUTH 1 SE/4 Sec 2-34S-30W * Location: Well Status Type of Well Footage from Section Line API No. Well No. (PROD/TA'D/Abandoned) (i.e. FSL = Feet from South Line) (Oil/Gas/INJ/WSW) (YR DRLD/PRE '67) Circle Circle TA Oil 15-119-20865-00-01 / 2310FSL **330FEL** FEL/FWL **FSL/FNL** FEL/FWL FEL/FWL FSL/FNL FEL/FWL **FSL/FNL FSL/FNL** FEL/FWL FSL/FNL FEL/FWL **FSL/FNL** FEL/FWL **FSL/FNL** FEL/FWL . FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL **FSL/FNL** FEL/FWL FSL/FNL **FSL/FNL** _ FEL/FWL **FSL/FNL** FEL/FWL _ FEL/FWL FSL/FNL FEL/FWL **FSL/FNL FSL/FNL** FEL/FWL **FSL/FNL** FEL/FWL _ FEL/FWL FSL/FNL FSL/FNL _ FEL/FWL FSL/FNL _ FEL/FWL FEL/FWL **FSL/FNL**

A separate sheet may be attached if necessary

_ FEL/FWL

FSL/FNL _

^{*} 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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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
Form Must Be Typed
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KCC WICHITA

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) X T-1 (Transfer) CP-1 (Plugging Application)	
OPERATOR: License # 34265	Well Location:	
Name: ENCORE OPERATING, L.P.	NE_NE_SE_Sec. 2 Two, 34 S. R. 30 Fast XI West	
Address 1: 777 MAIN STREET, STE. 1400	NENESESec2Twp34 _S. R30East 🗷 West County: MEADE	
Address 2:	Lease Name: NOVINGER SOUTH Well # 1	
City: FORT WORTH State: TX Zip: 76102 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:	
Contact Person: ANN BURDETTE WILEY		
City: FORT WORTH State: TX Zip: 76102 + Contact Person: ANN BURDETTE WILEY Phone: (817) 877-9955 Fax: (817) 877-1655		
Email Address:		
Surface Owner Information: Name: DWANE THOMPSON ET AL	When filing a Form T-1 involving multiple surface owners, attach an additiona.	
Address 1: 702 W. SOUTH 2ND STREET	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. MAY 1 7 20	
Name: DWANE THOMPSON ET AL Address 1: 702 W. SOUTH 2ND STREET Address 2:		
City: PLAINS State: KS Zip: 67869 + 6940		
the received and showing the predicted locations of lease roads, tail	odic Protection Borehole Intent), you must supply the sunace when said and only the sunace when said and only the sunace when so the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.	
owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.	
☐ I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this g fee, payable to the KCC, which is enclosed with this form.	
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.	
hereby certify that the statements made herein are true and correct to	· · · · · · · · · · · · · · · · · · ·	
Date: 7/27/10 Signature of Operator or Agent	Title: REGULATORY MANAGER	
	RECEIVED	

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

KCC WICHITA

AUG 2 5 2010