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Just 2 3 2011

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

KGC MICHITA

Mail to: Past Operator _

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 Effective Date of Transfer: January 1, 2006 Gas Lease: No. of Gas Wells ____1 KS Dept of Revenue Lease No.: 227426 Gas Gathering System:_ Lease Name: MEECH (Bros Family Trust) 35-21 Saltwater Disposal Well - Permit No.: __ Sec. 35 Twp. 23S R. 23 F W _____ feet from N / S Line Legal Description of Lease: Sec. 35: NW4 _____feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No County: Bourbon Number of Injection Wells ___ Production Zone(s): Cherokee Coals Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: __ feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling Past Operator's License No. 33138 Jeff Vaughan Contact Person: Past Operator's Name & Address: Meritage KCM Exploration, LLC Phone: 303 -534-9513 Independence Plaza, 1050 17th St. Suite 975 Denver, CO 80265 Contact Person: Samuel M. Simpson New Operator's License No. 33428 New Operator's Name & Address: Fort Scott Methane Partners, LLC Phone: 720-480-5757 PO Box 18972 Denver, CO 8021& Partner of Wazee Energy, LLC as Manager of Fort Scott Methane Partners, LLC Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 __ is acknowledged as the new operator and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit _____ . Recommended action: _ permitted by No.: __ DISTRICT ... PRODUCTION ___ 6.29.11

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New Operator

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Side Two

CAMPA .

Must Be Filed For All Wells

KDOR Lease No.: 227426 KCC WICHITA

* Lease Name: . Well No.	MEECH (Bros Family Trust)		*Location: Sec. 29/35, T23S-R23E		
	API No. (YR DRLD/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		
Trust 35-21	15-011-23019/	330 FSLEND	2300 FEL/W	Gas	Producing
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	***************************************	
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		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
					
			FEL/FWL		
					44.
		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 COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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.

22207			
OPERATOR: License # 33397 Name: Running Foxes Petroleum, Inc.	Well Location:		
Name: Running Foxes Petroleum, Inc.			
Address 1: 7060-B South Tucson Way	County: Bourbon Lease Name: Meech Well #: 29-41/35-21		
Address 2:	Lease Name: Well #: 29-41/35-21		
City: Centennial State: CO Zip: 80112 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: Sec. 29 NE4; Sec. 35 NW4		
Contact Person: Kent Keppel Phone: (720) 889-0510 Fax: (303) 617-7442			
Phone: (120) 669-0510 Fax: (303) 617-7442			
Email Address:			
Surface Owner Information: Name: Meech Bros Family Trust c/o Dennis Meech,Trustee	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		
Address 1: 2098 195th St.	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.		
Address 2:			
City: Port Scott State: NS Zip: 60701 +			
 the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice Adowner(s) of the land upon which the subject well is or will be located that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, an I have not provided this information to the surface owner(s). I acknowledged the send this information to the surface owner(s). 	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this ad email address. cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this		
form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to t	he best of my knowledge and belief.		
Date: 6-21-2011 Signature of Operator or Agent:	Title: Landman		