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JUN 29 2011

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

REQUEST 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.

Form T-1

March 2010

Form must be Typed

Form must be Signed

All blanks must be Filled

Check Applicable Boxes:

- ☒ Oil Lease: No. of Oil Wells 3 **
- ☐ Gas Lease: No. of Gas Wells _____ **
- ☐ Gas Gathering System: _____
- ☒ Saltwater Disposal Well - Permit No.: D-27993
- Spot Location: 1666 feet from ☒ N / ☐ S Line
- 4939 feet from ☐ E / ☒ W Line
- ☐ Enhanced Recovery Project Permit No.: _____
- Entire Project: ☐ Yes ☐ No
- Number of Injection Wells _____ **

Field Name: GRA-ROCK

Side Two Must Be Completed

Effective Date of Transfer: May 13, 2011KS Dept of Revenue Lease No.: 135580 *✓*Lease Name: CopelandSec. 19 Twp. 9 R. 20 ☐ E ☒ WLegal Description of Lease: SW1/4, S1/2NW1/4 of 19-9S-20WCounty: RooksProduction Zone(s): Arbuckle

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 *OK*Past Operator's License No. 33979 *Exp. 7/30/11*Contact Person: Gifford D. WilkersonPast Operator's Name & Address: Clipper Energy LLCPhone: 713-655-7370

C/O Kayne Anderson Capital Advisors, LP, 717 Texas Ave, Suite 3100, Houston, TX, 77002

Date: 5/12/11Title: Manager, Board of ManagersSignature: *[Signature]*New Operator's License No. 34559 *✓*Contact Person: Carl V. RushNew Operator's Name & Address: WM KS ENERGY RESOURCES, LLCPhone: 713-394-53101001 Fannin, Suite 4000Oil / Gas Purchaser: MV Purchasing LLCHouston, TX 77002

Date: _____

Title: PresidentSignature: *[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.

WM KS Energy Resources LLC is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-27993. Recommended action: _____

Date: 9-29-11 *Cheryl R. Beyer*
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 <u>9-28-11</u>	PRODUCTION <u>9-30-11</u>	UIC <u>9-29-11</u>
Mail to: Past Operator <u>9-29-11</u>	New Operator _____	District <u>4</u>	<u>9-29-11</u>

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

051311_Copeland_IMJ.pdf

KCC WICHITA

Must Be Filed For All Wells

• Location: Sec. 19-9S-20W

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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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) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 34559
Name: WM KS ENERGY RESOURCES, LLC
Address 1: 1001 Fannin, Suite 4000
Address 2: _____
City: Houston State: TX Zip: 77002 + _____
Contact Person: Carl V. Rush, President
Phone: (713) 394-5310 Fax: (_____) _____
Email Address: _____

Well Location:
_____ Sec. 19 Twp. 9 S. R. 20 ☐ East ☒ West
County: Rooks
Lease Name: Copeland Well #: 1, 2SWD, 3, 8

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

SW/4, S/2NW/4 of 19-9S-20W

Surface Owner Information:

Name: Gaylen and Dianna Gosslin
Address 1: 3520 Q Road
Address 2: _____
City: Bogue State: KS Zip: 67625 + _____

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: 5/13/11 Signature of Operator or Agent: [Signature] Title: president