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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

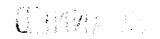
KCC WICHITA

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: Effective Date of Transfer: May 13, 2011 Oil Lease: No. of Oil Wells .. KS Dept of Revenue Lease No.: 107981 Gas Lease: No. of Gas Wells Gas Gathering System: Lease Name: Hadley A Saltwater Disposal Well - Permit No.: ___ __ <u>\$/2 _ NW Sec. 20 Twp. 11 R. 17 E V W</u> Soot Location: _____ feet from N / S Line Legal Description of Lease: S/2NW/4 of 20-11S-17W feet from E / W Line Enhanced Recovery Project Permit No.: _ County: Ellis Entire Project: Yes No Number of Injection Wells Production Zone(s):_ Arbuckle-LKC Field Name: Bernis-Shutts Injection Zone(s):_ _ feet from N / S Line of Section Surface Pit Permit No.: . (API No. if Drill Pit, WO or Haul) feet from E / W Line of Section Drilling Settling Haul-Off Workover Type of Pit: Emergency Burn Gifford D. Wilkerson Past Operator's License No. Contact Person: Phone: 713-655-7370 Clipper Energy LLC Past Operator's Name & Address: C/O Kayne Anderson Capital Advisors, LP, 717 Texas Ave, Suite 3100, Houston, TX, 77002 Title: Manager, Board of Managers Contact Person: Carl V. Rush 34559 🗸 New Operator's License No. -New Operator's Name & Address: WM KS ENERGY RESOURCES, LLC Phone: 713-394-5310 Oil / Gas Purchaser: Coffeyville Resources Refining & Marketing LLC 1001 Fannin, Suite 4000 Houston, TX 77002 Date: Title: President Signature: 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 the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: _____ Permit No.: ___ _____ . Recommended action: _ Date: Authorized Signature Authorized Signature PRODUCTION DISTRICT -Mail to: Past Operator

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Side Two



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Must Be Filed For All Wells

107981 KDOR Lease No.: Sec. 20-11S-17W · Lease Name: _ Hadley A * Location: Type of Well Footage from Section Line (i.e. FSL = Feet from South Line) Well Status API No. (YR DRLD/PRE '67) Well No. (Oil/Gas/INJ/WSW) (PROD/TA'D/Abandoned) prod 15-051-05501-00-00/ 3630 4950 oil 3 3630 oil prod 15-051-05502-00-00 4 4290 prod 2970 FSL) FNL oil 4290 6 15-051-05504-00-00 **FSL/FNL** FEL/FWL FEL/FWL F\$L/FNL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL _ FEL/FWL FSL/FNL FEL/FWL **FSL/FNL** FEL/FWL F\$L/FNL **FEUFWL** FSL/FNL **FEL/FWL FEL/FWL** FSL/FNL **FSL/FNL** FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FEL/FWL FSL/FNL **FEL/FWL** FSL/FNL

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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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

CC WICH 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 # 34559	Well Location:
Name: WM KS ENERGY RESOURCES, LLC	S/2_NW/4 Sec. 20 Twp. 11 S. R. 17 East X West
Address 1: 1001 Fannin, Suite 4000	County: Ellis
Address 2:	Lease Name: Hadley A Well #: A-3, A-4, A-6
City: Houston State: TX Zip: 77002 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: S/2NW/4 of 20-11S-17W
Contact Person: Carl V. Rush, President	
Contact Person: Carl V. Rush, President Phone: (713) 394-5310 Fax: ()	
Email Address:	
Surface Owner Information: Name: Hadley Foundation Inc.	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.
Address 1: PO Box 327	
Address 2:	
City: Hays State: KS Zip: 67601 +	
are preliminary non-binding estimates. The locations may be entered of Select one of the following:	k batteries, pipelines, and electrical lines. The locations shown on the plat In the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be a CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a	ocated: 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
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	mer(s). To mitigate the additional cost of the KCC performing this
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-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.
I hereby certify that the statements made herein are true and correct to Date: 5/13/1/ Signature of Operator or Agent:	the best of my knowledge and belief. Title: Presidert