

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

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 _____ **
☒ Gas Lease: No. of Gas Wells 1 **
☐ 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: GREENWOOD

**** Side Two Must Be Completed.**

Effective Date of Transfer: 12/1/11

KS Dept of Revenue Lease No.: 204063

Lease Name: USA D-1

_____ - _____ C - SE Sec. 29 Twp. 34S R. 43 ☐ E ☒ W

Legal Description of Lease: SE/4 SEC 30 & SE/4 SEC 29

County: MORTON

Production Zone(s): TOPEKA

Injection Zone(s): _____

RECEIVED

DEC 01 2011

KCC WICHITA

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 Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☐ Drilling OK

Past Operator's License No. 34539

Contact Person: STEPHANIE CLASEN

Past Operator's Name & Address: SOVEREIGN ENERGY LLC
621 17TH STREET, SUITE 950, DENVER, CO 80293

Phone: 303-297-0347

Date: 11/29/11

Title: _____

Signature: Stephanie Clasen

New Operator's License No. 34644

Contact Person: STEPHANIE CLASEN

New Operator's Name & Address: SOVEREIGN OPERATING COMPANY LLC
621 17TH STREET, SUITE 950

Phone: 303-297-0347

DENVER, CO 80293

Oil / Gas Purchaser: REGENCY ENERGY PARTNERS LP

Date: 11/29/11

Title: OFFICE MANAGER

Signature: Stephanie Clasen

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 _____ EPR 1/26/12 PRODUCTION 1-27-12 UIC 1-27-12
Mail to: Past Operator _____ New Operator _____ District _____

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

✓AR

KDOR Lease No.: 204063

* Lease Name: USA D-1

* Location: SE/4 SEC 30 & SE/4 SEC 29

RECEIVED
DEC 01 2011
KCC WICHITA

* 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

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

**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 # 34644
Name: SOVEREIGN OPERATING COMPANY LLC
Address 1: 621 17TH STREET, SUITE 950
Address 2: _____
City: DENVER State: CO Zip: 80293 + _____
Contact Person: STEPHANIE CLASEN
Phone: (303) 297-0347 Fax: (303) 297-9075
Email Address: _____

Well Location:
_____C_____SE Sec. 29 Twp. 34 S. R. 43 ☐ East ☒ West
County: MORTON
Lease Name: USA D-1 Well #: 2

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

RECEIVED

DEC 01 2011

Surface Owner Information:

Name: CIMARRON NATIONAL GRASSLAND
Address 1: ATTN: DICK BENNIN
Address 2: PO BOX 300
City: ELKHART State: KS Zip: 67950 + _____

KCC WICHITA

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: 11/29/11 Signature of Operator or Agent: Stephanie Clasen Title: OFFICE MANAGER