

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: oxed Oil Lease: No. of Oil Wells oxedEffective Date of Transfer: Gas Lease: No. of Gas Wells 2 KS Dept of Revenue Lease No.: 230510, Gas Gathering System:_ Lease Name: Schlepp Saltwater Disposal Well - Permit No.: ___ Sec. 22 Twp. 38 R. 42 E W ____ feet from N/ S Line Legal Description of Lease: Located in Section 22, Township 3 feet from | E / | W Line South, Range 42 West NW/4 ☐ Enhanced Recovery Project Permit No.: __ KCC WICHITA County: Cheyenne Entire Project: Yes No Number of Injection Wells Production Zone(s): Niobrara JUN 27 2013 Field Name: Cherry Creek Injection Zone(s):__ RECEIVED ** Side Two Must Be Completed. feet from N/ S Line of Section Surface Pit Permit No.: _ (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Workover n Settling Haul-Off Drilling Type of Pit: Emergency Burn Jeff Glossa Past Operator's License No. Contact Person: Phone: 303-860-5800 **PDC Energy** Past Operator's Name & Address: 1775 Sherman ST, STE 3000 Denver, CO 80202 Title: Regulatory Supervisor Contact Person: Matthew Wurtzbacher New Operator's License No. -Phone: 303-565-4600 New Operator's Name & Address: Caerus Washco LLC 600 17th ST, STE 1600 N Denver, CO 80202 Oil / Gas Purchaser: President and COO 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. 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.: ___ Authorized Signature Authorized Signature

DISTRICT -

Mail to: Past Operator ___



Side Two

Must Be Filed For All Wells

KDOR Lease No.: 230510, 230511

* Lease Name: Schlepp		* Location: Sec 22 T3S R 42W			
Well No.	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)
22-3-2	15023203370000	Circle 350 FNL FSL/FNL	Circle 2027 FWL FEL/FWL	Gas	Producing
22-6-1	15023203310000	1639 FNL FSL/FNL	2191 FWL_FEL/FWL	Gas	Producing
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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		
		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.

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:	the with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 6/19/13		
Gas Lease: No. of Gas Wells 2 **	KS Dept of Revenue Lease No.: Lease Name: Schlepp Sec22 Twp3S R42 E		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: Located in North West Quarter of Section 22, Township 3		
Enhanced Recovery Project Permit No.:	South, Range 42 West		
Entire Project: Yes No	County: Cheyenne		
Number of Injection Wells **	Production Zone(s): Niobrara		
Field Name: Cherry Creek			
** 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 feet from E / W Line of Section Haul-Off Workover Drilling		
Type of the Emergency Dam Comming			
Past Operator's License No. 33325	Contact Person:		
Past Operator's Name & Address: PDC Energy	Phone: 303-860-5800		
1775 Sherman ST, STE 3000 Denver,CO 80202	Date:		
Title: Regulatory Supervisor	Signature: RECEIVED		
	Olympid Co.		
New Operator's License No. 34110	Contact Person: Matthew Wurtzbacher		
New Operator's Name & Address: Caerus Washco LLC	Phone: 303-565-4600		
600 17th ST, STE 1600 N Denver, CO 80202	Oil / Gas Purchaser:		
	Date:		
Titla: President and COO			
Title: Fresident and Coo	Signature:		
Acknowledgment of Transfer: The above request for transfer of injection	a 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	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		
Permit No.: Recommended action:	permitted by No.:		
2	Date		
Date:	Date:		
DISTRICT EPR	PRODUCTION UIC		
Mail to: Past Operator New Opera			
•	I		



Side Two

Must Be Filed For All Wells

* Lease Name: Schlepp		North West Quarter of Sec 22 T3S R 42W			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
22-3-2	15023203370000	Circle 350 FNL FSL/FNL	Circle 2027 FWL FEL/FWL	Gas	Producing
22-6-1	15023203310000	1639 FNL FSL/FNL	2191 FWL_FEL/FWL	Gas	Producing
		FSL/FNL	FEL/FWL		
		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		
		FSL/FNL	FEL/FWL		

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Side Two

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* Lease Name	Schlepp		* Location:	North West Quarter of S	ec 22 T3S R 42W
Well No.	API No (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Section Line om South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
22-3-2	15023203370000 🗸	Circle 350 FNL FSL/FNL	Circle 2027 FWL FEL/FWL	Gas	Producing
22-6-1	15023203310000	1639 FNL FSL/FNL	2191 FWL FEL/FWL	Gas	Producing
			FEL/FWL		
PA .453		FSL/FNL	FEL/FWL		-
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	MARK COMMUNICATION	-
		FSL/FNL	FEL/FWL		
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Form KSONA-1
July 2010
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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.

OPERATOR: License # 34110	Well Location:		
Name: Caerus Washco LLC			
Name: Caerus Washco LLC Address 1: 600 17th St. Suite 1600 N	County: Cheyenne		
Address 2.	l ease Name: ******* Well #:		
City: Denver State: CO Zip: 80202 + Contact Person: Matthew Wurtzbacher Phone: (303) 565-4600 Fax: (303) 565-4606	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Matthew Wurtzbacher	the lease below: Located in North West Quarter of Section 22, Township 3S R 42W		
Phone: (303) 565-4600 Fax: (303) 565-4606			
Email Address:	- Township 33 IC 42W		
Surface Owner Information:			
Name: Bruce & Sharon L. Feikert Address 1: HC 1 Box 51	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: HC 1 Box 51	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 2:			
City: St. Francis State: KS Zip: 67756 +			
	_		
the KCC with a plat showing the predicted locations of lease roads, a are preliminary non-binding estimates. The locations may be entere	thodic Protection Borehole Intent), you must supply the surface owners and lank batteries, pipelines, and electrical lines. The locations shown on the plat d on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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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 # 34110 Name: Caerus Washco LLC Address 1: 600 17th St. Suite 1600 N	_ Well Location: Sec. <u>22</u> Twp. <u>3</u> S. R. <u>42</u> ☐ East ⊠ West			
Address 1: 600 17th St. Suite 1600 N	County: Cheyenne Lease Name: Schlepp Well #:			
Address 2:	Lease Name: Scniepp Well #:			
City: Denver State: CO Zip: 80202 + Contact Person: Matthew Wurtzbacher Phone: (303) 565-4600 Fax: (303) 565-4606	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: Matthew Wurtzbacher	the lease below: Sec 22 T3S R 42W			
Phone: (303) 565-4600 Fax: (303) 565-4606	NW/4			
Email Address:	_ // 1/7			
Surface Owner Information:				
Name: Bruce & Sharon L. Feikert Address 1: HC 1 Box 51	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 2:	county, and in the real estate property tax records of the county treasurer.			
City: St. Francis State: KS Zip: 67756 +	-			
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owner(s) of the land upon which the subject well is or will be	e Act (House Bill 2032), I have provided the following to the surface e located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form m being filed is a Form C-1 or Form CB-1, the plat(s) required by this , and email address.			
KCC will be required to send this information to the surface	I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ing 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 C	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-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: 6/24/13 Signature of Operator or Agent:	Title: CED & Treasure			
Date: Signature of Operator or Agent:	KCC WICHITA			
	KCC MICHITA			

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

RECEIVED

JUN 27 2013