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

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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 2 **	Effective Date of Transfer:
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 138248
Gas Gathering System:	Lease Name: THOMPSON TRUST
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line feet from E / W Line	Legal Description of Lease: T31S - R14W, 6TH P.M. SEC. 8: NE/4, SW/4, W/2SE/4
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: BARBER
Number of Injection Wells**	Production Zone(s):_ARBUCKLE, SIMPSON
Field Name: SKINNER	Injection Zone(s):
** 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
,	Contact Person:Matthew A. Wurtzbacher
Past Operator's License No. 34110 /	
Past Operator's Name & Address: Caerus Kansas LLC	Phone: 303-565-4600
600 17th Street, Ste. 1600N, Denver, CO 80202	Date: August 8, 2013
Title: President	Signature: Matthewill highacky
	Kemper Williams
New Operator's License No. 34938 /	Contact Person: Kemper Williams KCC WICHITA
New Operator's Name & Address: Argent Energy (US) Holdings Inc.	Phone: 201-047-1000 ext. 240
650 N. Sam Houston Pkwy. E., Suite 500	Oil / Gas Purchaser: AUG 1.5 2013
Houston, Texas 77060	Date: August 8, 2013
Title: Production Manager	Signature: Wy S W
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	n authorization, surface pit permit # has been n Commission. This acknowledgment of transfer pertains to Kansas Corporation e 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 pi
Permit No.: Recommended action:	permitted by No.:
Data	Date:
Date: Authorized Signature	Authorized Signature
DISTRICT EPR8/9/13	PRODUCTION 8-20-13 UIC 8-20-13
	ator District

Must Be Filed For All Wells

KDOR Lease	No.: /38248				
* Lease Name:	THOMPSON TRUST		* Location:3	1S 14W 17 NW SE NE	
Well No.	API No. (YR DRLD/PRE '67)	Footage from S	Section Line	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1-8	15007230990000	4656 FSL 696 FSL/FNL	762 FEL 883 FEL/FWL	OIL	PROD
3-8	15007202560000	4726 FSL/FNL	1860 FEL/FWL	OIL	PROD
		FSL/FNL	FEL/FWL		_
		F\$L/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		AUG 1 5 2013
		FSL/FNL	FEL/FWL		RECEIVED
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/ FW L		

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

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 Borehald stent); 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 # 34938	Well Location:		
OPERATOH: License #			
Name: Argent Energy (US) Holdings Inc. Address 1: 6560 N. Sam Houston Pkwy East, Ste. 500	County BARBER		
	Lease Name: THOMPSON TRUST Well #:		
Address 2:			
City: — State: Zip:+	the lease below:		
Contact Person: Remper Villiams	T31S - R14W, 6TH P.M. SEC. 8: NE/4, SW/4,		
Contact Person: Kemper Williams Phone: (281 _) 847-1888 ext. 246 Fax: () Email Address: kwilliams@argentenergytrust.com	W/2SE/4		
Email Address: Kwilliams@argenterlergytrdst.com			
Surface Owner Information:			
Name: MICKY DICKONSON, ATL.	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		
Name: MICKY DICKONSON, ATL. Address 1: C/O 1ST NATIONAL BANK IN PRATT Address 2: BOX N City: PRATT State: KS Zip: 67124 +			
Address 2: BOX N	county, and in the real estate property tax records of the county treasurer.		
City: PRATTState: KSZip: 67124+	_		
	tank natteries, ninelines, and electrical lines, the locations offern of the p.m.		
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the KCC with a plat showing the predicted locations of lease roads, are preliminary non-binding estimates. The locations may be entered. Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notion owner(s) of the land upon which the subject well is or will CP-1 that I am filing in connection with this form; 2) if the form; and 3) my operator name, address, phone number, form.	ce Act (House Bill 2032), I have provided the following to the surface be located: 1) a copy of the Form C-1, Form CB-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 ax, and email address.		
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