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,

Check Applicable Boxes: MUST be submitted with this form. ✓ Oil Lease: No. of Oil Wells 3 Effective Date of Transfer: August 8, 2013 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: ___ Gas Gathering System:_ Lease Name: MORTIMER Saltwater Disposal Well - Permit No.: ____ ______ N2 Sec. 31 Twp. 17 R. 13 EVW __ feet from TN / TS Line Legal Description of Lease: 17S 13W 31 N2 _ feet from _ E / W Line Enhanced Recovery Project Permit No.: ___ Entire Project: Yes No County: BARTON Number of Injection Wells _ Production Zone(s): ARBUCKLE/LANSING Field Name: SETTE Injection Zone(s): ** Side Two Must Be Completed. Surface Pit Permit No .: feet from N / S Line of Section (API No. if Drill Pit, WO or Haul) E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover (Drilling Past Operator's License No. Matthew A. Wurtzbacher Contact Person: Past Operator's Name & Address: Caerus Kansas LLC Phone: 303-565-4600 Date: August 8, 2013 600 17th Street, Ste. 1600N, Denver, CO 80202 Title: President KCC WICHITA 34938 Contact Person: Kemper Williams New Operator's License No. New Operator's Name & Address: Argent Energy (US) Holdings Inc. AUG 15 2013 Phone: 281-847-1888 ext. 246 650 N. Sam Houston Pkwy. E., Suite 500 Oil / Gas Purchaser: RECEIVED Houston, Texas 77060 Date:_August 8, 2013 **Production Manager** 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 __ 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 _____. Recommended action: permitted by No.: ___ Authorized Signature DISTRICT _ PRODUCTION Mail to: Past Operator _ New Operator District

Must Be Filed For All Wells

KDOR Lease	No.: 142701				
* Lease Name:	MORTIMER		* Location: ¹	OWNSHIP 17 SOUTH, RAI	NGE 13 WEST SECTION 31: N2
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet from	Section Line	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
31-32	15009256800000 /	2310' Circle	1490' Circle	OIL	PROD
31-32B	15009257360000	1650' FSL(FNL)	1650' FED FWL	OIL	PROD
31-41	15009257260000	679' FSILFNI	693' FELFWL	OIL	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL _	F E L/F W L _		

A separate sheet may be attached if necessary

_____FSL/FNL _____FEL/FWL __

^{*} 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

RECEIVED

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 # 34938 Name: Argent Energy (US) Holdings Inc.	Mall Land		
Name	Well Location:		
Address 1: 6560 N. Sam Houston Pkwy East, Ste. 500			
Address 2:	Lacco Name MORTIMER MULTIPLE		
City: Houston State: TX Zip: 77060 +			
Contact Person: Kemper Williams Phone: (281) 847-1888 ext. 246 Fax: ()	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: TOWNSHIP 17 SOUTH, RANGE 13 WEST SECTION 31: N2		
Phone: (281) 847-1888 ext. 246 Fax: ()			
Email Address: kwilliams@argentenergytrust.com			
Surface Owner Information: Name: GLYNN AND NANCY MORTIMER			
Address 1: 1151 NORTH US HWY 281	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		
Address 2:			
City: HOISINGTON State: KS Zip: 67544 +	county, and in the real estate property tax records of the county treasurer.		
Select one of the following:	n 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 to CP-1 that I am filing in connection with this form; 2) if the form to form; and 3) my operator name, address, phone number, fax, at	peing filed is a Form C.1 or Form CB.1, Form T-1, or Form		
	cknowledge that, because I have not provided this information, the		
I have not provided this information to the surface owner(s). I at KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	fee, payable to the KCC, which is enclosed with this form.		
task, I acknowledge that I am being charged a \$30.00 handling	fee, payable to the KCC, which is enclosed with this form.		
task, I acknowledge that I am being charged a \$30.00 handling choosing the second option, submit payment of the \$30.00 handling rm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
task, I acknowledge that I am being charged a \$30.00 handling choosing the second option, submit payment of the \$30.00 handling arm and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 tereby certify that the statements made herein are true and correct to	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
task, I acknowledge that I am being charged a \$30.00 handling	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned. the best of my knowledge and belief.		

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