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: Effective Date of Transfer: ____12/30/2013 Oil Lease: No. of Oil Wells _ Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: Oll: 132519, GAS: 219636 Gas Gathering System: Lease Name: SANTA FE Saltwater Disposal Well - Permit No.: NW - SE - SE Sec. 7 Twp. 32 R. 33 FV W feet from N / S Line Legal Description of Lease: ___ feet from E / W Line Enhanced Recovery Project Permit No.: County: SEWARD Entire Project: Yes No Number of Injection Wells _ Production Zone(s): ST LOUIS Field Name: ANGMAN SOUTH Injection Zone(s):_ ** Side Two Must Be Completed. Surface Pit Permit No.: N/A N / S Line of Section feet from (API No. if Drill Pit, WO or Haul) E / W Line of Section feet from Settling Haul-Off Workover Type of Pit: Emergency Burn 6120 Todd Liebl Past Operator's License No. Contact Person: Phone: 281-589-4600 Cabot Oil & Gas Corporation Past Operator's Name & Address: _ 840 Gessner Rd, Suite 1400, Houston, TX 77024 Title: Vice President, Land & Business Development Contact Person: Charles Adcock 35006 New Operator's License No. New Operator's Name & Address: Lime Rock Resources II-A, L.P. Phone: 713-292-9510 1111 Bagby Street, Suite 4600, Houston, TX 77002 Oil / Gas Purchasei KCC WICHITA Co-Chief Executive Officer Signature: N/A 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 _ 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.: _ Date: Authorized Signature DISTRICT -**PRODUCTION** Mail to: Past Operator **New Operator**

Must Be Filed For All Wells

KDOR Lease	No.: OIL: 132519, GAS: 21	9636			
* Lease Name:	SANTA FE	* Location: SECTION 7, T32S-R33W			
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)
1-7	15-175-21349-0000	618 FSL	330 FEL	OIL/GAS	PROD
		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		
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			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		- WOO MICH UTA
		FSL/FNL	FEL/FWL		KCC WICHITA
		FSL/FNL	FEL/FWL		JAN 1 5 2014
		FOL /FNI			RECEIVED

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 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 # 6120 Name: CABOT OIL & GAS CORPORATION Address 1: 840 GESSNER RD, SUITE 1200	Well Location:		
Name: CABOT OIL & GAS CORPORATION	NW_SE_SE_SE_Sec. 7 Twp. 32 S. R. 33 East X West		
Address 1: 840 GESSNER RD, SUITE 1200	County: SEWARD Lease Name: SANTA FE Well #: 1-7		
	Lease Name: SANTA FE Well #: 1-7		
Address 2: City: HOUSTON State: TX Zip: 77024 + Contact Person: MARY TORRES Phone: (281) 848-2620 Fax: (281) 848-2793 Email Address: MARY.TORRES@CABOTOG.COM	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: MARY TORKES Phone: (281) 848-2620 Fax: (281) 848-2793			
Email Address: MARY.TORRES@CABOTOG.COM	_		
Surface Owner Information: Name: HITCH LAND & CATTLE COMPANY Address 1: P.O. BOX 76 Address 2:	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.		
the KCC with a plat showing the predicted locations of lease roads, t	thodic Protection Borehole Intent), you must supply the surface owners and tank 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.		
owner(s) of the land upon which the subject well is or will b	the Act (House Bill 2032), I have provided the following to the surface one located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form rm being filed is a Form C-1 or Form CB-1, the plat(s) required by this x, 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 e owner(s). To mitigate the additional cost of the KCC performing this ling fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handleform and the associated Form C-1, Form CB-1, Form T-1, or Form C	ling fee with this form. If the fee is not received with this form, the KSONA- CP-1 will be returned.		
I hereby certify that the statements made herein are true and correct	ct to the best of my knowledge and belief. Title: REGULATORY ANALYST		
Date: 12/20/13 Signature of Operator or Agent: 12/20/13	Title:		

KCC WICHITA

JAN 15 2014

RECEIVED

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