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, Recuristibe submitted with this form. Check Applicable Boxes: 08/01/2014 Effective Date of Transfer: Oil Lease: No. of Oil Wells SEP 2 6 2014 Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 222482 CONSERVATION DIVISION Gas Gathering System: Lease Name: BATMAN WICHITA, KS Saltwater Disposal Well - Permit No.: -NW - NW - SW Sec. 10 Twp. 28 R. 33 E W W feet from N / S Line Legal Description of Lease: NW-NW-SW of Sec.10 - Twp.28- R.33W feet from E / W Line Enhanced Recovery Project Permit No.: _ County: Haskell Entire Project: Yes No Number of Injection Wells Production Zone(s): Hugoton (SASC Field Name: _ Injection Zone(s): ** Side Two Must Be Completed. S Line of Section N / feet from Surface Pit Permit No.: _ (API No. if Drill Pit, WO or Haul) W Line of Section feet from Haul-Off Workover Type of Pit: Emergency Burn Settling Genea Holloway 33094/ Contact Person: Past Operator's License No. Phone: _918-295-1658 Cimarex Energy Co. Past Operator's Name & Address: 202 S. Cheyenne Ave., Suite 1000, Tulsa, OK. 74103 Date: Title: Production Administration Supervisor Contact Person: Greg R. Casillas 349971 New Operator's License No. Phone: 918-582-5310 Casillas Petroleum Corp. New Operator's Name & Address: Oveale 401 S. Boston Ave., Suite 2400 Oil / Gas Purchaser: Received
KANSAS CORPORATION COMMISSION Tulsa, OK. 74103 SEP 1 1 2014 President/CEO Signature: CONSERVATION DIVISION 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.: _ Date: Authorized Signature Authorized Signature DICT 3 0 2014 PRODUCTION . DISTRICT __ District Mail to: Past Operator **New Operator**

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 222482				
* Lease Name:	BATMAN		* Location:	IW-NW-SW of Sec.10	- Twp.28- R.33W
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)
1-2	15-081-21223-0000	2590 FSL FNL	4980 FELFWL	Gas	PROD
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	AAAAA WAXAA SAA SAA SAA SAA SAA SAA SAA SAA SAA	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	Received KANSAS CORPORATION COMMISSION CONTROL 2 C 2014				
	SEP 2.6 2014 CONSERVATION DIVISION				
	WICHITA, KS	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	Receive KANSAS CORPORATIO	
		FSL/FNL	FEL/FWL	SEP 11	2014
		FSL/FNL	FEL/FWL	CONSERVATION WICHITA,	
		FSI /FNI	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.

Kansas Corporation Commission Oil & Gas Conservation Division

Form KSONA-1 January 2014 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.

Received			
KANSAS CORPORATION COMMISSION			
OPERATOR: License # 33094 Cimarex Energy Co. SEP 2 6 2014	Well Location:		
Name: This of Living Co.	NW_NW_SW Sec. 10 Twp. 28 S. R. 33 East West		
Address 1: 202 S. Cheyenne CONSERVATION DIVISION WICHITA, KS	County: Haskell		
Address 2: Suite 1000	Lease Name: BATMAN Well #: 1-2		
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Genea Holloway	the lease below:		
Phone: (918) 295-1658 Fax: (918) 512-4120			
Phone: (918) 295-1658 Fax: (918) 512-4120 Email Address: gholloway@cimarex.com			
Surface Owner Information: Name: KENNETH M COX TRUST	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.		
Address 1: 1111 RD 90			
Address 2:			
City: SUBLETTE State: KS Zip: 67877 +			
	nk batteries, pipelines, and electrical lines. The locations shown on the plat 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 be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-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 and email address. acknowledge that, because I have not provided this information, the		
KCC will be required to send this information to the surface o	wner(s). To mitigate the additional cost of the KCC performing this s of the surface owner by filling out the top section of this form and		
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 CP	g 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	o the best of my knowledge and belief.		
9/19/2014 Signal Alas	Production Administration Supervisor		
Date: //// Signature of Operator or Agent:	Title:		

SEP 1 1 2014