Kansas Corporation Commission Oil & Gas Conservation Division

Form T-1 July 2014 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:	intea with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 01/01/2015
✓ Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: _204883
Gas Gathering System:	Lease Name: Adams Ranch F-05
Saltwater Disposal Well - Permit No.:	30/2003/2004, 06 - 0.00
Spot Location: feet from N / S Line	S2 - SW - NW - NW Sec. 03 Twp. 35 R. 29 ☐ E ✓ W
feet fromE /W Line	Legal Description of Lease: S03,T35S, R29, ALOL SEC
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: Meade
Number of Injection Wells **	Production Zone(s): UPPER KEARNY MEMBER
Field Name: Cimarron Bend	Injection Zone(s):
** Side Two Must Be Completed.	injection zone(s).
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover OF Drilling
Past Operator's License No. 34399/	Contact Person: Gregory S. Roden
Past Operator's Name & Address: Quantum Resources Management LLC	Phone: 713-634-4612
1401 McKinney Street, Suite 2400, Houston, TX 77010	Date: 01/09/2015
Senior VP - Legal	\mathcal{L}
Title:	Signature: RECEIVED KANSAS CORPORATION COMMISSION
New Operator License No. 35150	Jamia MaMillan
New Operator's License No.	JAN 22 2015
New Operator's Name & Address: Breitburn Operating LP	Phone: 713-634-4696 CONSERVATION DIVISION
600 Travis St., Suite 4800	Oil / Gas Purchaser: Kansas Gas Service Inc. WICHITA, KS
Houston, Texas 77002	Date: 01/09/2015
Title: Regulatory Manager	Signature: Alanie Me Millan
Acknowledgment of Transfer: The above request for transfer of injection	aulhorization, surface pit permit #has been
noted, approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledgment of transfer perlains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	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.:
Date:	Date:
1 21 15	PRODUCTION JAN 2 7 2015 UIC JAN 2 7 2015
DISTRICT EPR / 20 / 9 F	AODUCTION

Must Be Filed For All Wells

KDOR Lease	No.: 204883				
* Lease Name;	Adams Ranch F-05		* Location:	Sec. 03-35S-29W	
Well No.	API No. (YR DRLD/PRE '67)	Footage from S (i.e. FSL = Feet fro	Section Line m South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
F-05	15-119-20210-0000	1250 Circle	330 Circle	GAS	PR
		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		
		FSL/FNL	FEL/FWL	-	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	OF OPPO	
		FSL/FNL	FEL/FWL	KANSAS CORPORATION	ED COMMISSION
		FSL/FNL	FEL/FWL	JAN 222	2.876
		FSL/FNL	FEL/FWL	CONSERVATION WICHITA, I	DIVISION (S.
			FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
-		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
-			FEL/FWL		
			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.

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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.

Select the corresponding form being filed: C-1 (Intent) CB-1 (Ca	thodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)			
OPERATOR: License # 35150	Well Location:			
Name: Breitburn Operating LP	S2 _SW_NW_NW Sec. 03 Twp. 35 S. R. 29 East x West			
Address 1: 600 Travis St., Suite 4800	County: Meade			
Address 2:	Lease Name: Adams Ranch Well #: F-05			
City: Houston State: TX Zip: 77002 +	Jeanie McMillan the lease below:			
Contact Person: Jeanie McMillan				
Phone: (713) 634-4696 Fax: (713) 634-4697				
Email Address: jeanie.mcmillan@breitburn.com RECEIVED KANSAS CORPORATION COMMISSIO	W			
Surface Owner Information: Name: H G ADAMS IV AND SONS LP When filing a Form T-1 involving multiple surface owners, attach are				
Name: H G ADAMS IV AND SONS LP Address 1: 8051 CC ROAD CONSERVATION DIVISION WICHTA, KS	sheet listing all of the information to the left for each surface owner. Surface			
Address 2:	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.			
City: PLAINS State: KS Zip: 67869 +				
the KCC with a plat showing the predicted locations of lease roads, tank be are preliminary non-binding estimates. The locations may be entered on the solvent are of the following:				
Select one of the following:				
I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loca CP-1 that I am filing in connection with this form; 2) if the form being form; and 3) my operator name, address, phone number, fax, and	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ng filed is a Form C-1 or Form CB-1, the plat(s) required by this			
I have not provided this information to the surface owner(s). I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KCC	er(s). To mitigate the additional cost of the KCC performing this 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 fee form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 w				
I hereby certify that the statements made herein are true and correct to the				
01/09/2015 Date: Signature of Operator or Agent:	Megulatory Manager Title:			