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: Oil Lease: No. of Oil Wells ___1 Effective Date of Transfer: 01/01/2016 Gas Lease: No. of Gas Wells _ KS Dept of Revenue Lease No.: 130360 Gas Gathering System:_ Lease Name: Adams Ranch Saltwater Disposal Well - Permit No.: ____ <u>SW NW SE Sec. 9 Twp. 35 R. 29 </u> □ E ✓ W feet from N/SLine Legal Description of Lease: ALL SEC. 9 NORTH OF CO RD Sec. 9, T25S, R29W feet from E / W Line Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: Meade Number of Injection Wells, Production Zone(s): _KANSAS CITY Field Name: Cimarron Bend 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) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover ne 🔲 Drilling 35150 ~ Past Operator's License No. Jeanie McMillan Contact Person: Past Operator's Name & Address: Breitburn Operating LP Phone: _713-634-4696 Date: __03/31/2016 1401 McKinney Street, Suite 2400, Houston, TX 77010 Title: Regulatory Manager Signature: 34381 🗸 Contact Person: Fred Diem New Operator's License No. -KCC WICHITA New Operator's Name & Address: Urban Oil & Gas Group, LLC Phone: 972-543-8800 APR 0 6 2016 1000 East 14th Street, Suite 300 Oil / Gas Purchaser: Plains Marketing LP Date: 03/31/2016 RECEIVED Plano, Texas 75074 Vice President/General Counsel Signature: 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 Authorized Signature <u> 2016</u> DISTRICT 1 Mail to: Past Operator. **New Operator**

Side Two

Must Be Filed For All Wells

KDOR Lease	No.: 130360	W. W			
* Lease Name:	Adams Ranch	1,	* Location:	Sec. 9-35S-29W	
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)
F-40	<u>15-119-20813</u> √	/7/8 Circle 1700 FST FNL	2394 _{Circle} 2300 ÆED FWL	Dist. 1 GP.	S footages PR
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	***************************************	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
7-7		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
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		FSL/FNL			C WICHITA
		FSL/FNL	FEL/FWL		PR 0 6 2016
		FSL/FNL			RECEIVED
		FSL/FNL			

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.

OPERATOR: License # 34381	Well Location:		
Name: Urban Oil & Gas Group, LLC	SWNWSESec9Twp35 _s. R29 East 🔀 West		
Address 1: 1000 East 14th Street, Suite 300	County: Meade		
Address 2:	Lease Name: Adams Ranch F Well #: 40		
City: Plano State: TX Zip: 75074 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Fred Diem	the lease below:		
	- A		
Email Address: fdiem@urbanoilandgas.com	(A		
	<u> </u>		
Phone: (972) 543-8800 Fax: (972) Email Address: fdiem@urbanoilandgas.com Surface Owner Information: Name: Adams, HG IV & Sons LP Address 1: 8051 CC Road Address 2: City: Plains State: KS Zip: 67869 +			
Name: Adams, HG IV & Sons LP	ED When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 8051 CC Road	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 +	, , , , , , , , , , , , , , , , , , , ,		
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodi the KCC with a plat showing the predicted locations of lease roads, tank that are preliminary non-binding estimates. The locations may be entered on the state of the cathodist of the cathodis of the cathodist of the cathodist of the cathodist of the catho	batteries, pipelines, and electrical lines. The locations shown on the plat		
Select one of the following:	e , p.a., , e.m. eb , p.a., er a coparate plat may be submitted.		
☑ 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 loc CP-1 that I am filing in connection with this form; 2) if the form be 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 ing 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 ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address o that I am being charged a \$30.00 handling fee, payable to the KC	er(s). To mitigate the additional cost of the KCC performing this fithe surface owner by filling out the top section of this form and		
If choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ne with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to the	ne best of my knowledge and belief.		
Date: 3/31/16 Signature of Operator or Agent:	Mr. Dittle: VP		