

Kansas Corporation Commission
Oil & Gas Conservation Division
REQUEST FOR CHANGE OF OPERATOR

TRANSFER OF INJECTION OR SURFACE POND PERMIT

Form T-1
June 2000
Form must be Typed
Form must be Signed
All blanks must be Filled

Check Applicable Boxes:

☒ Oil Lease: No. of Wells 1 **☐ Gas Lease: No. of Wells _____

** Side Two Must Be Completed **

☐ Saltwater Disposal Well - Docket No. _____

Spot Location: _____ feet from N / S Line

_____ feet from E / W Line

☐ Enhanced Recovery Proj. Docket No. _____Entire project: ☐ Yes ☐ No **

Number of injection wells _____

Field Name EUBANKEffective Date of Transfer 12/1/2004Lease Name CLAWSON 1-4SE SW 4 Sec 29 T 34 R ☐ East ☒ West

Legal Description of Lease: _____

County HASKELLProduction Zone(s) MORROW

Injection Zone(s) _____

Surface Pond Permit # _____

(API No. If Drill Pit)

Feet from N / S Line of Section

Feet from E / W Line of Section *ABE*Identify: ☐ Emergency Pit☐ Burn Pit☐ Storage Pit☐ Drill PitPast Operator's License No. 4549Contact Person: JIM LAFEVERSPast Operator's Name and Address ANADARKO PETROLEUMPhone 832-636-31271201 Lake Robbins Dr. Texas 77380Date 11/23/2004Title ENVIRONMENT AND REGULATORY AFFAIRS SUPVSignature *Jim Lafevers*New Operator's License No. 32446Contact Person: LYNNE MOONRECEIVED
KANSAS CORPORATION COMMISSION

DEC 20 2004

New Operator's Name and Address MERIT ENERGY COMPANYPhone 972-701-837713727 NOEL ROAD SUITE 500Oil/Gas Purchaser _____ CONSERVATION DIVISION
WICHITA, KSDALLAS, TEXAS 75240Date 11/29/2004Title SR. LAND/REGULATORY ADMINISTRATORSignature *Lynne Moon*

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

_____ is acknowledged as the
new operator and may continue to inject fluids as authorized by
Docket# _____. Recommended action _____

Date _____

Authorized Signature

_____ is acknowledged as the
new operator of the above named lease containing the surface pond
permitted by # _____

Date _____

Authorized Signature

MAR 07 2005 3/1/05

Must Be Filled For All Wells

* Lease Name

CLAWSON 1-4

* Location

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
)

[illegible]

A separate sheet may be attached if necessary

*When transferring a unit which consists of more than one lease please file a separate side for each lease. If a lease covers more than one section please indicate which section each well is located.