

Kansas Corporation Commission
Oil & Gas Conservation Division

Form T-1

June 2000

Form must be Typed

Form must be Signed

All blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE POND PERMIT

Check Applicable Boxes

DOR 217238

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

** 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 HUGOTON GAS AREAEffective Date of Transfer 12/1/2004Lease Name DEVLIN A-1H_____ 19 Sec 26 T 34 R ☐ East ☒ West

Legal Description of Lease: _____

County FINNEYProduction Zone(s) CHASE

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

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 LafeversNew Operator's License No. 32446Contact Person: LYNNE MOONRECEIVED
KANSAS CORPORATION COMMISSIONNew Operator's Name and Address MERIT ENERGY COMPANYPhone 972-701-8377

DEC 20 2004

13727 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

3/9/05 MAR 10 2005 3/10/05

Side Two

Must Be Filled For All Wells

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)
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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.