

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 207874

☐ 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 PANOMAEffective Date of Transfer 12/1/2004Lease Name FOSTER 2N2 SW 19 Sec 23 T 34 R ☐ East ☒ West

Legal Description of Lease: _____

County FINNEYProduction Zone(s) COUNCIL GROVE

Injection Zone(s) _____

Surface Pond Permit # _____

(API No. If Drill Pit)

Identify: ☐ Emergency Pit☐ Burn Pit☐ Storage Pit☐ Drill Pit

Feet from N / S Line of Section

Feet from E / W Line of Section

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 20 2004

Past Operator's License No. 6417 33/36Contact Person: JIM LAFEVERSPast Operator's Name and Address ANADARKO E&P COMPANY LPPhone 832-636-3127CONSERVATION DIVISION
WICHITA, KS1201 Lake Robbins Dr. Texas 77380Date 11/23/2004Title ENVIRONMENT AND REGULATORY AFFAIRS SUPVSignature Jim LafeversNew Operator's License No. 32446Contact Person: LYNNE MOONNew Operator's Name and Address MERIT ENERGY COMPANYPhone 972-701-837713727 NOEL ROAD SUITE 500

Oil/Gas Purchaser _____

DALLAS, 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 _____

1/28/05 FEB 01 2005 1/31/05

Side Two

Must Be Filled For All Wells

Must Be Filled For All Wells

* Lease Name FOSTER 2 * Location 19 23 S 34 W N2SW

[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.