

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: DOR 207882

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 PANOMA

Effective Date of Transfer 12/1/2004
Lease Name LEAVITT 3
W2 17 Sec 23 T 34 R East West
Legal Description of Lease: _____
County FINNEY
Production Zone(s) COUNCIL GROVE
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 Pit

Past Operator's License No. 647/ 33130
Past Operator's Name and Address ANADARKO E&P COMPANY LP
1201 Lake Robbins Dr. Texas 77380
Title ENVIRONMENT AND REGULATORY AFFAIRS SUPERVISOR

Contact Person: JIM LAFEVERS
Phone 832-636-3127
Date 11/23/2004
Signature [Signature]

New Operator's License No. 32446
New Operator's Name and Address MERIT ENERGY COMPANY
13727 NOEL ROAD SUITE 500
DALLAS, TEXAS 75240
Title SR. LAND/REGULATORY ADMINISTRATOR

Contact Person: LYNNE MOON
Phone 972-701-8377
Oil/Gas Purchaser _____
Date 11/29/2004
Signature [Signature]

RECEIVED
KANSAS CORPORATION COMMISSION
DEC 20 2004
CONSERVATION DIVISION
WICHITA, KS

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 _____

12/31/05 FEB 01 2005 JIC 2/1/05

SCANNED

Side Two

Must Be Filled For All Wells

* Lease Name

LEAVITT 3

* Location

17 23 S 34 W W2

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL=Feet from South Line)	Circle FSL/FNL	Circle FEL/FWL	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
<u>3</u>	<u>1505520381 -0000 ✓</u>	<u>2640S</u>	<u>FSL/FNL 1320W</u>	<u>FEL/FWL</u>	<u>GAS</u>	<u>PROD</u>
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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.