

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 219060

☒ 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 ANGMANEffective Date of Transfer 12/1/2004Lease Name MORGAN B-3 (ST LOUIS)\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 8 Sec 32 T 33 R ☐ East ☒ West

Legal Description of Lease: \_\_\_\_\_

County SEWARDProduction Zone(s) ST. LOUIS

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

RECEIVED

KANSAS CORPORATION COMMISSION

Past Operator's License No. 4549Contact Person: JIM LAFEVERS

DEC 20 2004

Past Operator's Name and Address ANADARKO PETROLEUMPhone 832-636-3127CONSERVATION DIVISION  
WICHITA, KSDate 11/23/2004Title ENVIRONMENT AND REGULATORY AFFAIRS SUPERVISORSignature Jim LafeversNew Operator's License No. 32446Contact Person: LYNNE MOONNew Operator's Name and Address MERIT ENERGY COMPANYPhone 972-701-8377Oil/Gas Purchaser National Cooperative RefiningDate 11/29/200413727 NOEL ROAD SUITE 500Signature Lynne MoonDALLAS, TEXAS 75240Title SR. LAND/REGULATORY ADMINISTRATOR

**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

8 32 S 33 W

[illegible]

\*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.

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