

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

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

TRANSFER OF INJECTION OR SURFACE POND PERMIT

Check Applicable Boxes:

☐ 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 CONDITEffective Date of Transfer 12/1/2004Lease Name SALLEY I-1 (CHESTER)NE SE 14 Sec 34 T 33 R ☐ East ☒ West

Legal Description of Lease: _____

County SEWARDProduction Zone(s) CHESTER

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 832-636-3127Date 11/23/2004CONSERVATION DIVISION
WICHITA, KSTitle 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 500DALLAS, TEXAS 75240Title 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 _____

1/27/05 JAN 31 2005
1-27-05

Side Two

Must Be Filled For All Wells

14 34 S 33 W NESE

[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.