

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 221666

☐ 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 SHUCKEffective Date of Transfer 12/1/2004Lease Name SHUCK B-2 (U CHESTER)_____ - _____ - _____ 20 Sec 33 T 34 R ☐ East ☒ West

Legal Description of Lease: _____

County SEWARDProduction Zone(s) UPPER CHESTER

Injection Zone(s) _____

Surface Pond Permit # _____

(API No. If Drill Pit)

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

Side Two

Must Be Filled For All Wells

* Lease Name

SHUCK B-2 (U CHESTER)

*** Location**

20 33 S 34 W

[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.