

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: OK 220159

☐ 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 GENTZLER

Effective Date of Transfer 12/1/2004

Lease Name SQUIRE A-1

_____ - _____ - _____ 12 Sec 33 T 38 R ☐ East ☒ West

Legal Description of Lease: _____

County STEVENS

Production Zone(s) LOWER MORROW

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. 4549

Contact Person: JIM LAFEVERS

DEC 20 2004

Past Operator's Name and Address ANADARKO PETROLEUM
1201 Lake Robbins Dr. Texas 77380

Phone 832-636-3127
Date 11/23/2004

CONSERVATION DIVISION
WICHITA, KS

Title ENVIRONMENT AND REGULATORY AFFAIRS SUPV

Signature Jim Lafevers

New Operator's License No. 32446

Contact Person: LYNNE MOON

New Operator's Name and Address MERIT ENERGY COMPANY

Phone 972-701-8377

13727 NOEL ROAD SUITE 500

Oil/Gas Purchaser National Cooperative Refining

DALLAS, TEXAS 75240

Date 11/29/2004

Title SR. LAND/REGULATORY ADMINISTRATOR

Signature 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

OK 3/8/05 MAR 09 2005 3/9/05

Must Be Filled For All Wells

* Lease Name

SQUIRE A-1

* Location

12 33 S 38 W

Well No.

API No.
(YR DRLD/PRE '67)

Footage from Section Line
(i.e. FSL=Feet from South Line)

Type of Well
(Oil/Gas/INJ/WSW)

Well Status
(PROD/TA'D/Abandoned
)

[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.