050114_Loomis_A_Unit-pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

March 2010 Form must be Typed Form must be Signed All blanks must be Filled

Form T-1

REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,

Check Applicable Boxes:	tted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: May 1, 2014		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:202439 (A1); 220969 (A2)		
Gas Gathering System:	Lease Name: Loomis A Unit		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: W2 & SE/4 Sec. 35 &		
Enhanced Recovery Project Permit No.:	SW/4 Sec. 36-T22S-R34W		
Entire Project: Yes No	County: Finney Production Zone(s): Chase		
Number of Injection Wells**			
Field Name: Hugoton-Panoma	MAY U 6 ZUIT		
" Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)			
Type of Pits	feet from LE / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OP Drilling		
Past Operator's License No	Contact Person: Brent G. Sonnier		
Past Operator's Name & Address: OXY USA Inc.	Phone: 713.366.5654		
5 Greenway Plaza, Suite 110, Houston, TX 77046	Date: April 14 , 2014		
Title: Regulatory Lead, Mid-Continent Business Unit	Signature: Sunt Annu		
32446	Contact Person: Arlene Valliquette		
New Operator's License No. 32446			
New Operator's Name & Address: Merit Energy Company, LLC	Phone: 972.628.1558		
13727 Noel Rd., Ste. 1200, Dallas, TX 75240	Oil / Gas Purchaser: Occidental Energy Marketing Inc.		
	Date: April 15, 2014		
Title: Regulatory Manager	Signature: alliquette		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been		
	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
is acknowledged as	is acknowledged as		
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature		
	PRODUCTION		
Mail to: Past Operator New Operator	or District		

Must Be Filed For All Wells

Loomis A Unit		* Location:	/V2 & SE 35 & SVV 36-1	23S-R34W, Finney County
API No. (YR DRLD/PRE '67)			Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
15-055-00338-0000	90 Circle 1329 FNL	2,640 Eircle	_ Well In ven Gas	PROD
15-055-21477-0000	2600 FNL	4030 FWL	Gas	PROD
· · · · · · · · · · · · · · · · · · ·	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		_
	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		_
	FSL/FNL	FEL/FWL		
-	FSL/FNL	FEL/FWL		
	FSL/FNL	FEL/FWL		
		-		
				NCC WICHITA
				MAY U D ZU14
	FSUFNL	FEL/FWL	1100	RECEIVED
	API No. (YR DRLD/PRE '67) 15-055-00338-0000 15-055-21477-0000	API No. (YR DRLD/PRE '67) 15-055-00338-0000 15-055-21477-0000 FSL/FNL FSL/FNL	API No. (YR DRLD/PRE '67) 15-055-00338-0000 1328	API No.

A separate sheet may be attached if necessary

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^{*} When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1	(Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)	
OPERATOR: License # 32446	Well Location:	
Name: Merit Energy Company, LLC	Sec. 35 Twp. 22 S. R. 34	
Address 1: 13727 Noel Rd., Ste. 1200	County: Finney	
Address 2:	Lease Name: Loomis A Unit Well #: 1 & 2	
City: Dallas State: TX Zip: 75240 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of	
	the lease below:	
Phone: (972) 628-1558 Fax: (972) 628-1858	W2 & SE/4 Sec 35 & SW/4 Sec 36-T22S-R34W (Wells in S2 & SW/4)	
Contact Person: Arlene Valliquette Phone: (972) 628-1558 Fax: (972) 628-1858 Email Address: Arlene.Valliquette@meritenergy.com		
Surface Owner Information: Name: Brenda L. Tankersley	When filing a Form T-1 involving multiple surface owners, attach an additional	
Address 1: 5461 W. Road 90	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the	
Address 2:	county, and in the real estate property tax records of the county treasurer.	
City: Scott State: KS Zip: 67871 + 5088		
are preliminary non-binding estimates. The locations may be entered of Select one of the following:	on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.	
owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.	
KCC will be required to send this information to the surface or	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this s of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form.	
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.	
I hereby certify that the statements made herein are true and correct to	o the best of my knowledge and belief.	
March 15, 2014 Date: Signature of Operator or Agent:	Regulatory Manager	
Date: Signature of Operator or Agent:	Title: KCC WICHITA	
	MAY 0 6 2014	

Mail to: KCC - Conservation Division. 130 S. Market - Room 2078. Wichita. Kansas 67202

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