KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

Form 1 Marcr 2010 Form must be Typed Form must be Signed All blanks must be Filled

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Check Applicable Boxes:	MUST be sui	bmitted 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.: 220	9631
Gas Gathering System:			
Saltwater Disposal Well- Permit No.:		Lease Name: Baughman 'H' 2	
Spot Location:feet from N	/ S Line		
feet from E	/ W Line	Legal Description of Lease: T32S R32W, Sec	. 30, NW SE NE
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No		County Council	
Number of Injection Wells	*	County: Seward	
Field Name: HUGOTON GAS AREA		Production Zone(s): Chase Group	
** Side Two Must Be Completed.		Injection Zone(s):	
orde rwo must be completed.			
Surface Pit Permit No		feet from N / S Line of Section	
Surface Pit Permit No.: (API No. if Drill Pit, WO or Hi	aul)	feet from E / W	Line of Section
Type of Pit: Emergency Burn	Settling	Haul-Off Workover OP Drilli	ng
Past Operator's License No. 5447			
		Contact Person: Brent G. Sonnier	
Past Operator's Name & Address: OXY USA Inc 5 Greenway Plaza, Suite 110, Houston, TX 77046		Phone: 713.366.5654 Date: April 15, 2014 Signature: Sunt May 15 2014 REC. WICH.	
New Operator's License No. 32446			RECEIL
New Operator's Name & Address: Merit Energy Company, LLC		Contact Person: Arlene Valliquette	
		Oil/Gas Purchaser: Occidental Energy Marketi	ng Inc
Title: Regulatory Manager		Date: April 15, 2014	
		Signature: Ulesse Valligentte	
Acknowledgment of Transfer: The above request for tra	ansfer of injection	authorization surface nit normit #	han haar
noted, approved and duly recorded in the records of the K			has been
Commission records only and does not convey any owners			nains to Kansas Corporation
and add not donied any owners	inp interest in the	above injection well(s) or pit permit.	
Merit Energy Company, LLC is ack	knowledged as	Merit Energy Company, LLC	in advantada d
he new operator and may continue to inject fluids as authorized by			is acknowledged as
	authorized by	the new operator of the above named lease of	containing the surface pit
Permit No.: Recommended action:		permitted by No.:	
Orlene Vallingth	<u> </u>	Orlene Val	liguette
Date: April 15, 2014	<u></u>	Date: April 15, 2014	
Authorized Signature		1110 1 0 0014	ed Signature
DISTRICTEPREPR		RODUCTION AUG 1 3 2014 UIC _	8-13-14
	New Operator_	District	1

Side Two

Must Be Filed For All Wells

KDOR L	ease No.: <u>220 9</u>	263		
*Lease N	lame: <u>Baughman 'H' 2</u>	*Location: T32S F	232W, Sec. 30, NW SE	<u>NE</u>
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)
1	15-175-21502-0101	1455 South, 1250 West, from NE corner	GAS	Producing

KCC WICHITA MAY 15 2014 RECEIVED

A separate sheet may be attached if necessary

*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

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

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

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 (C	Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)	
OPERATOR: License # 32446	Well Location:	
Name: Merit Energy Company, LLC	County: Seward	
Address 1: <u>13727 Noel Rd., Ste. 1200</u> City:	Lease Name: Baughman 'H' 2	
<u>Dallas</u> State: <u>TX</u> Zip: 75240	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below: T32S R32W, Sec. 30, NW SE NE	
Contact Person: Arlene Valliquette		
Phone: <u>(972) 628-1558</u> Fax: <u>(972) 628-1858</u>		
Email Address: Arlene.Valliquette@meritenergy.com		
	MAY 1.5.10	
Surface Owner Information:	When filing a Form T-1 involving multiple surface owners, attach angedditional	
JACOBS, CASPER JOHN JR & SUSAN I	varien illing a Form i-i involving mulipie sumace owners, anach an⊾aodmonai	
20500 ROAD 26	sheet listing all of the information to the left for each surface owner information can be found in the records of the left of deeds for the	
PLAINS, KS 67869	county, and in the real estate property tax records of the county treaty er.	
re preliminary non-binding estimates. The locations may be entered on the Select one of the following:	e Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.	
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form beform; and 3) my operator name, address, phone number, fax, and	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this	
□ I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	ner(s). To mitigate the additional cost of the KCC performing this of the surface owner by filling out the top section of this form and	
If choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v	e with this form. If the fee is not received with this form, the KSONA-1 will be returned.	
I hereby certify that the statements made herein are true and correct to the	ne best of my knowledge and belief.	
Date: April 15, 2014 Signature of Operator or Agent:	Title: Regulatory Manager	