## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1
March
2010 Form must be
Typed Form must be
Signed All blanks must
be Filled

# 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, MUST be submitted with this form.

| Check Applicable Boxes:   |                                |  |      |
|---|--------------------------------|--|------|
| Oil Lease: No. of Oil Wells   | **                             | Effective Date of Transfer: May 1, 2014  | -    |
| Gas Lease: No. of Gas Wells 1   | <del>**</del>                  | KS Dept of Revenue Lease No.: 223306   |      |
| Gas Gathering System:   | <u></u>                        | Lease Name: Becker 'C' 2-10  |      |
| Saltwater Disposal Well- Permit No.:  |                                | Lease Haine. Decitor of 2-10   | •    |
| Spot Location:feet fromfeet fromfeet from Enhanced Recovery Project Permit No.:                 | m E/ WLine                     | Legal Description of Lease: T31S R33W, Sec. 10, SW NE NE   | -    |
|   |                                |  |      |
| Entire Project: Yes No  | **                             | County: <u>Seward</u>  | -    |
| Number of Injection Wells   |                                | Production Zone(s): Chase Group  | -    |
| Field Name: HUGOTON GAS AREA  |                                | Injection Zone(s):   | _    |
| ** Side Two Must Be Con   | npleted.                       | feet from N / S Line of Section  | 050  |
| Surface Pit Permit No.: (API No. if Drill Pi  | it, WO or Haul)                | feet from E / W Line of Section  | 011  |
| Type of Pit: Emergency Burn   | Settling                       | Haul-Off Workover of Drilling  | Þ    |
| Past Operator's License No. 5447  |                                | Contact Person: Brent G. Sonnier   | Reck |
| Past Operator's Name & Address: OXY USA Inc   |                                | Phone: 713.366.5654  | æH   |
| 5 Greenway Plaza, Suite 110, Houston, TX 77046  |                                | Date: April 15, 2014   | Ü    |
| Title: Regulatory Manager   |                                | Signature: Breat of Samin  | Ņ    |
| Title. Integulatory Iwanager  |                                | -044(2)/9411   | 느    |
| New Operator's License No. 32446 /  |                                |  | ਹ    |
| New Operator's Name & Address: Merit Energy Company, LLC  |                                | Contact Person: Arlene Valliquette   | Puf  |
| 13727 Noel Rd., Ste. 1200, Dallas, TX 75240   |                                | Phone: 972.628.1558  | -    |
| 13727 Noci Nu., Ste. 1200, Dallas, 17 73270   | KCC WICHITA                    | A Oil/Gas Purchaser: Occidental Energy Marketing Inc   | -    |
| Title: Regulatory Manager   | MAY 1 5 2014                   | Date: April 15, 2014 Signature:  | -    |
|   | RECEIVED                       | The second secon |      |
| Acknowledgment of Transfer: The above req   | west for transfer of injection | authorization, surface pit permit # has been   |      |
| _   |                                | n Commission. This acknowledgment of transfer pertains to Kansas Corporation   |      |
| Commission records only and does not convey a   |                                |  |      |
| lerit Energy Company, LLC   | is acknowledged as             | Merit Energy Company, LLC is acknowledged as   |      |
|   |                                | the new operator of the above named lease containing the surface pit   |      |
| e new operator and may continue to inject fluids as authorized by emit No.: Recommended action: |                                | permitted by No.:  |      |
| alene Va  | lliguetto                      | Orleve Valliguette   |      |
| ate: April 15, 2014   | 0                              | Date: April 15, 2014   |      |
| Authorized Signature  | <u> </u>                       | Authorized Signature   |      |
| DISTRICTEPR   |                                | RODUCTION AUG 1 5 2014 UIC 8-14-14   |      |
| Mail to: Past Operator  | New Operator_                  | District   |      |

#### Side Two

#### Must Be Filed For All Wells

| KDOR L   | ease No.:                    | 223306/  |                                   |                                      |
|----------|------------------------------|--|-----------------------------------|--------------------------------------|
| *Lease N | ame: Becker 'C' 2-10         | *Location:_T31S R  | 33W, Sec. 10, SW NE NE            |                                      |
| Well No. | API No.<br>(YR DRLD/PRE "67) | Footage from Section Line (i.e. FSL= Feet from South Line) | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
| 1        | 15-175-21811                 | 4030 North, 1250 West, from SE corner                      | GAS                               | Inactive Well                        |

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

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  | County: Seward  |  |  |
| Address 1:13727 Noel Rd., Ste. 1200  | Lease Name: Becker 'C' 2-10   |  |  |
| City: Dallas State: TX Zip: 75240  | If filing a Form T-1 for multiple wells on a lease, enter the legal description of  |  |  |
| Contact Person: Arlene Valliquette   | the term between  |  |  |
| Phone: (972) 628-1558  | T31S R33W, Sec. 10, SW NE NE  |  |  |
| Email Address: Arlene.Valliquette@meritenergy.com  | MAY 15 204  |  |  |
|  | T31S R33W, Sec. 10, SW NE NE  KCC WICHITA  MAY 15 2014  RECEIVED  When filing a Form T-1 involving multiple surface owners, attach an additional  |  |  |
| Surface Owner Information:   | When filing a Form T-1 involving multiple surface owners, attach an additional  |  |  |
| BECKER, JAMES HITESTITR  | sheet listing all of the information to the left for each surface owner. Surface  |  |  |
| 3634 SW WILLOW BROOK CT  | owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.   |  |  |
| TOPEKA, KS 66614-3861  | •   |  |  |
| Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice  | Act (House Bill 2032), I have provided the following to the surface   |  |  |
| owner(s) of the land upon which the subject well is or will be   | 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   |  |  |
| 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- | fee 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 best of my knowledge and belief.  |  |  |
| Date: April 15, 2014 Signature of Operator or Agent:   | Title: Regulatory Manager   |  |  |

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