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: MUST	be submitted 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.: 2275/6 R5
Gas Gathering System:	
Saltwater Disposal Well- Permit No.:	Edde Name. <u>Baylo N o</u>
Spot Location:feet from N / S Lii	Logal Department of Logar, Table Dadiel Co., 40, ABALABAL
feet from E / W Line Enhanced Recovery Project Permit No.:	2007 10 Service (1980) - 1980 (1980)
Entire Project: Yes No	
Number of Injection Wells**	County: Seward
Field Name: PANOMA GAS AREA	Production Zone(s): Council Grove
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Section feet from E / W Line of Section Haul-Off Workover Drilling K+
Past Operator's License No. 5447	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 15, 2014
Title: Regulatory Manager	Date: April 15, 2014 Signature: Brent Annin MAY 15 2014
New Operator's License No. 32446	RECT:
New Operator's Name & Address: Merit Energy Company, LLC	Contact Person: Arlene Valliquette
	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: Williamette
Acknowledgment of Transfer: The above request for transfer of inj noted, approved and duly recorded in the records of the Kansas Corp. Commission records only and does not convey any ownership interest	poration Commission. This acknowledgment of transfer pertains to Kansas Corporation
Merit Energy Company, LLC is acknowledged	as Merit Energy Company, LLC 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:	
alesce Villigenette	Date: April 15 2014
Date: April 15, 2014	Date. April 15, 2014
Authorized Signature	Authonzed Signature
DISTRICT EPR 9-9-14	PRODUCTION 9-10-14 UIC 9-10-14
Mail to: Past OperatorNew Op	eratorDistrict

Side Two

Must Be Filed For All Wells

KDOR L	ease No.:			
*Lease N	lame: <u>Davis 'A' 3</u>	*Location: T32S	R34W, Sec. 18, NW NW	
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	15-175-22022 🗸	FNL FWL 660 South, 660 East, from NW corner	GAS	Producina

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 be	eing filed: C-1 (Intent) CE	3-1 (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	Cit	ty; Lease Name: Davis 'A' 3	
	X Zip: <u>75240</u>	If filing a Form T-1 for multiple wells on a lease, enter the legal description the lease below:	
Contact Person: Arlene Valliquette		T32S R34W, Sec. 18, NW NW	
Phone: (972) 628-1558	Fax: (972) 628-1858	KCC	
Email Address: Arlene.Valliquette@m	eritenergy.com	MAY 15 2014	
Surface Owner Information:		When filing a Form T-1 involving multiple surface owners attach an additional	
SUTTLE, MARTHA L; STITH, CHAR	LES E; STITH, KENNETH R	When filing a Form 1-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface	
104 NOTRE DAME CIT		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.	
Manhattan, KS 66503-3044		y,	
Select one of the following: I certify that, pursuant to the owner(s) of the land upon with CP-1 that I am filing in conform; and 3) my operator national I have not provided this information KCC will be required to ser task, I acknowledge that I means the selection of the conformation	s. The locations may be entered of the Kansas Surface Owner Notice which the subject well is or will be dection with this form; 2) if the forme, address, phone number, fax, from the surface owner(s), and this information to the surface must provide the name and address.	e Act (House Bill 2032), I have provided the following to the surface the located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form the being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. I acknowledge that, because I have not provided this information, the towner(s). To mitigate the additional cost of the KCC performing this tess of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form.	
If choosing the second option, subn form and the associated Form C-1, I	nit payment of the \$30.00 handlir Form CB-1, Form T-1, or Form Cl	ng fee with this form. If the fee is not received with this form, the KSONA-1 P-1 will be returned.	
I hereby certify that the statements r		to the best of my knowledge and belief.	
Date: April 15, 2014 Signature	of Operator or Agent: Chilesce	Vallignette Title: Regulatory Manager	