## 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 sub                     | bmitted with this form.  |  |
|--|---------------------------------|--|--|
| Oil Lease: No. of Oil Wells                    | **                              | Effective Date of Transfer: May 1, 2014  |  |
| Gas Lease: No. of Gas Wells 2-1                | **                              | KS Dept of Revenue Lease No.: 1990 7 RS  |  |
| Gas Gathering System:                          |                                 | Lease Name: DAVIS 'C' 3  |  |
| Saltwater Disposal Well- Permit No.:           |                                 | Lease Name. DAVIO 6 3  |  |
| Spot Location:feet fr                          | om N / S Line                   |  |  |
| feet fr  | om E / W Line                   | Legal Description of Lease: T31S R32W, Sec. 16, SW NE NE   |  |
| Enhanced Recovery Project Permit No.: _        |                                 | _  |  |
| Entire Project: Yes No                         |                                 | County: Seward   |  |
| Number of Injection Wells                      | **                              | Production Zone(s):  |  |
| Field Name: <u>UNKNOWN</u>                     |                                 | Injection Zone(s):   |  |
| ** Side Two Must Be Co                         | mpleted.                        | injection zone(s).   |  |
|  |                                 | feet from N / S Line of Section  |  |
| Surface Pit Permit No.: (API No. if Drill      | Pit MO or Haul                  | feet from E / W Line of Section  |  |
| Type of Pit: Emergency Burn                    |                                 | Haul-Off Workover Drilling   |  |
| - Indigensy                                    |                                 |  |  |
| Past Operator's License No. 5447 V             |                                 | Contact Person: Brent G. Sonnier   |  |
| Past Operator's Name & Address: OXY USA Inc    |                                 | Contact Person: Brent G. Sonnier  Phone: 713.366.5654  Date: April 15, 2014  RECEI  RECEI  MAY  15 2014  |  |
| 5 Greenway Plaza, Suite 110, Houston, TX 77046 |                                 | Date: April 15, 2014   |  |
| Title: Regulatory Manager                      |                                 | Signature: Brent A Annin   |  |
|  |                                 |  |  |
| New Operator's License No. 32446               |                                 | _  |  |
| New Operator's Name & Address: Merit E         | nergy Company, LLC              | Contact Person: Arlene Valliquette   |  |
| 13727 Noel Rd., Ste. 1200, Dallas, TX 75240    |                                 | Phone: <u>972.628.1558</u>   |  |
|  |                                 | Oil/Gas Purchaser: Occidental Energy Marketing Inc   |  |
|  |                                 | Date: April 15, 2014   |  |
| Title: Regulatory Manager                      |                                 | Signature: Chlene Valliquette  |  |
|  |                                 | Cignaturo.   |  |
| Acknowledgment of Transfer: The above red      | quest for transfer of injection | authorization, surface pit permit # has been   |  |
| 175  | (B)                             | on Commission. This acknowledgment of transfer pertains to Kansas Corporation  |  |
| Commission records only and does not convey    |                                 |  |  |
| Commission records only and does not convey    | any ownership interest in the   | s above injection wents) or pit permit.  |  |
| lerit Energy Company, LLC                      | is acknowledged as              | Merit Energy Company, LLC is acknowledged as   |  |
| e new operator and may continue to inject      | fluids as authorized by         | the new operator of the above named lease containing the surface pit   |  |
|  |                                 | permitted by No.:  |  |
| ermit No.: Recommended                         |                                 | to the state of th |  |
| Chlesce Va                                     | Ulimette.                       | Date: April 15, 2014   |  |
| ate: April 15, 2014  Authorized Si             | ignature                        | Authorized Signature   |  |
| DISTRICTEPR_                                   | 9-9-14 PF                       | RODUCTION 9-10-14 UIC 9-10-14  |  |
| Mail to: Past Operator                         | New Operator                    | the control of the co |  |

#### Side Two

#### Must Be Filed For All Wells

| KDOR L   | ease No.:                    |  |                                   |                                      |
|----------|------------------------------|--|-----------------------------------|--------------------------------------|
| *Lease N | ame: <u>DAVIS 'C' 3</u>      | *Location:_T31S  | R32W, Sec. 16, 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        | 15-175-21376-0001 1          | FSL FEL  4510-North-990 West-from SE 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 being filed: C-1 (Intent) CB-1 (C   | Cathodic Protection Borehole Intent)  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 City:   | Lease Name: Davis 'C' 3   |  |
| 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 lease below:  |  |
| Phone: (972) 628-1558 Fax: (972) 628-1858   | T31S R32W, Sec. 16, SW NE NE KCC WICHITA  |  |
| Email Address: Arlene.Valliquette@meritenergy.com   | MAY 1 5 2014  |  |
|   | RECEIVED  |  |
| Surface Owner Information:  |   |  |
| ODGERS, MARVIN C REV TR; ODGERS BARBARA M REV TR  | When filing a Form T-1 involving multiple surface owners, attach an additional 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 county, and in the real estate property tax records of the county treasurer. |  |
| 15451 ROAD 27   |   |  |
| SUBLETTE, KS 67877-8092   |   |  |
| he KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on the Select one of the following: |   |  |
| owner(s) of the land upon which the subject well is or will be loc  | ct (House Bill 2032), I have provided the following to the surface 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 email address.  |  |
| KCC will be required to send this information to the surface owr  | knowledge that, because I have not provided this information, the 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 IC, which is enclosed with this form.   |  |
| If choosing the second option, submit payment of the \$30.00 handling fe<br>form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 v                               |   |  |
| I hereby certify that the statements made herein are true and correct to the  | e best of my knowledge and belief.  |  |
| Date: April 15, 2014 Signature of Operator or Agent:  | lijenette Title: Regulatory Manager   |  |