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: | ishinted 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.: | | |
| Gas Gathering System: | Lease Name: Longbotham 8 | | |
| Saltwater Disposal Well- Permit No.: | Lease Name. <u>Compounam o</u> | | |
| Spot Location:feet from N / S Linefeet from E / W Line | Legal Description of Lease: T30S R32W, Sec. 3, NE SW SE SE | | |
| Enhanced Recovery Project Permit No.: | _ | | |
| Entire Project: Yes No | County: Haskell | | |
| Number of Injection Wells** | Production Zone(s):Not shown. | | |
| Field Name: <u>Diaden</u> | Injection Zone(s): | | |
| ** Side Two Must Be Completed. | | | |
| | feet from N / S Line of Section | | |
| Surface Pit Permit No.: (API No. if Drill Pit, WO or Haul) | feet from E / W Line of Section | | |
| Type of Pit: Emergency Burn Settling | ☐ Haul-Off ☐ Workover ☐ Drilling ★★ | | |
| 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 | | | |
| | | | |
| Title: Regulatory Manager | Signature: Brunt & Ammur | | |
| New Operator's License No. 32446 | _ | | |
| New Operator's Name & Address: Merit Energy Company, LLC | Contact Person: Arlene Valliquette | | |
| 13727 Noel Pd Ste 1200 Dallas TX 75240 | Phone: 972.628.1558 | | |
| 13727 NOCETAL., Ste. 1200, Dallas, 17 73240 | Oil/Gas Purchaser: Occidental Energy Marketing Inc | | |
| | Date: April 15, 2014 | | |
| Title: Regulatory Manager | Signature: allene & alliquette | | |
| | | | |
| Acknowledgment of Transfer: The above request for transfer of injection | | | |
| | ion Commission. This acknowledgment of transfer pertains to Kansas Corporation | | |
| Commission records only and does not convey any ownership interest in the | e above injection well(s) or pit permit. | | |
| Merit Energy Company, LLCis acknowledged as | Merit Energy Company, LLCis 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.: | | |
| alene Valligenette | alene Valligentte | | |
| Date: April 15, 2014 | Date: April 15, 2014 | | |
| Authorized Signature | Authorized Signature | | |
| DISTRICT | RODUCTION SEP 2 9 2014 UICSEP 2 9 2014 | | |
| Mail to: Past OperatorNew Operato | rDistrict | | |

Side Two

Must Be Filed For All Wells

| KDOR L | ease No.: 14/320 | | | |
|----------|------------------------------|------------------------------------------------------------|-----------------------------------|--------------------------------------|
| *Lease N | lame: Longbotham 8 | *Location:_T30S | R32W, Sec. 3, NE SW S | <u>E SE</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 | 15-081-21962-0100 🗸 | South East 462 North, 813 West, from SE-corner | Oil | Inactive well |

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) C | B-1 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| OPERATOR: License # 32446 | Well Location: County: Haskell Lease Name: Longbotham 8 | |
| Name: Merit Energy Company, LLC | | |
| Address 1:13727 Noel Rd., Ste. 1200 | | |
| City: <u>Dallas</u> State: <u>TX</u> Zip: <u>75240</u> | . If filing a Form T-1 for multiple wells on a lease, enter the legal description of | |
| Contact Person: Arlene Valliquette | the lease below: T30S R32W, Sec. 3, NE SW SE SE | |
| Phone: (972) 628-1558 Fax: (972) 628-1858 | | |
| Email Address: Arlene.Valliquette@meritenergy.com | _ | |
| | | |
| Surface Owner Information: | | |
| Alvin J. Stoppel Living Trust | 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 | |
| P.O. Box 51 | 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. | |
| Sublette, KS 67877 | county, and in the real estate property tax records of the county dedicate. | |
| Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be | the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The Act (House Bill 2032), I have provided the following to the surface of located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form the plat of the plat of the plat of the surface | |
| KCC will be required to send this information to the surface | I acknowledge that, because I have not provided this information, the e owner(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, submit payment of the \$30.00 handli form and the associated Form C-1, Form CB-1, Form T-1, or Form C | 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 made herein are true and correct | | |
| Date April 15, 2014 Signature of Operator or Agent: Culeuc | Vallegerette Title: Regulatory Manager | |