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.

| ✓ Oil Lease: No. of Oil Wells1 ** | Effective Date of Transfer: May 1, 2014 | | |
|--|---|--|--|
| Gas Lease: No. of Gas Wells** | KS Dept of Revenue Lease No.: 108930 | | |
| Gas Gathering System: | _ | | |
| Saltwater Disposal Well- Permit No.: | Lease Name: LUCIENE BLACK 'A' 9-17 | | |
| Spot Location:feet from N / S Line | | | |
| feet from E / W Line | Legal Description of Lease: T30S R33W, Sec. 17, N2 SW NE | | |
| Enhanced Recovery Project Permit No.: | _ | | |
| Entire Project: Yes No | County: Haskell | | |
| Number of Injection Wells** | Production Zone(s):not shown. | | |
| Field Name: VICTORY | | | |
| ** Side Two Must Be Completed. | - Injection Zone(s): | | |
| | 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 | Date: April 15, 2014 Signature: Brent Abannin | | |
| Title: Regulatory Manager | | | |
| | | | |
| New Operator's License No. 32446 | | | |
| 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: allene Valligenette | | |
| | Signature. | | |
| Acknowledgment of Transfer: The above request for transfer of injection | authorization, surface pit permit #has_been | | |
| noted, approved and duly recorded in the records of the Kansas Corporation | on Commission. This acknowledgment of transfer pertains to Kansas Corporation | | |
| Commission records only and does not convey any ownership interest in the | above injection well(s) or pit permit. | | |
| | | | |
| Merit Energy Company, LLC is 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.: | | |
| alesse Valligenette | Orles Villy with | | |
| Date: April 15, 2014 | Date. April 15, 2014 | | |
| Authorized Signature | Authorized Signature | | |
| | RODUCTION SEP 2 9 2014 UIC SEP 2 9 2014 | | |
| Mail to: Past OperatorNew Operator_ | District | | |

Side Two

Must Be Filed For All Wells

| KDOR L | ease No.: | 108930 | | |
|----------|------------------------------|--|-----------------------------------|--------------------------------------|
| *Lease N | ame: <u>LUCIENE BLACK</u> | <u>'A' 9-17</u> *Location: <u>T30S R</u> | 33W, Sec. 17, N2 SW I | <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 | 15-081-20013-0001 | 1880 South, 1980 West, from NE-corner | Oil | Producing |

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: Haskell | |
| Address 1:13727 Noel Rd., Ste. 1200 | Lease Name: LUCIENE BLACK 'A' 9-17 | |
| City: Dallas State: TX Zip:75240 | | |
| Contact Person: Arlene Valliquette | | |
| Phone: (972) 628-1558 Fax: (972) 628-1858 | | |
| Email Address: Arlene.Valliquette@meritenergy.com | - | |
| | | |
| Surface Owner Information: When filing a Form T-1 involving multiple surface owners, attach | | |
| Jorja Poppe Rev. Trust | 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. | |
| 1522 Columbine Drive | | |
| Junction City, KS 66441 | | |
| the KCC with a plat showing the predicted locations of lease roads, taken preliminary non-binding estimates. The locations may be entered on 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 CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, and the predicted locations of lease roads, taken and the predicted locations of lease roads of lease roads of locations of lease roads of lease roads of lease roads of locations of lease roads of lease r | | |
| KCC will be required to send this information to the surface | I acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this is so of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. | |
| lf 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 | g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned. | |
| I hereby certify that the statements made herein are true and correct to | | |
| Date:April 15, 2014 Signature of Operator or Agent: Culture-5 | Villigenette Title: Regulatory Manager | |