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KCC WICHITA

### 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 Wells**	Effective Date of Transfer: May 1, 2014		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 22/572		
Gas Gathering System:			
Saltwater Disposal Well- Permit No.:	Lease Name: <u>DAVATZ 'D' 4</u>		
Spot Location:feet from N / S Line			
feet from E / W Line	Legal Description of Lease: T27S R34W, Sec. 20, NE NE SW SW		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: Haskell		
Number of Injection Wells**	Production Zone(s): Council Grove Group		
Field Name: PANOMA GAS AREA	· · · · · · · · · · · · · · · · · · ·		
** 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		
	Haul-Off Workover Drilling		
Type of Pit: Emergency Burn Settling	Trauton		
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 of Amorin		
Title: Regulatory Manager	- Sun Louis		
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	- Urlene Vallimette		
	Signature:		
	h. h. h.		
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.		
	is calcacided as		
Merit Energy Company, LLC is acknowledged as	Merit Energy Company, LLC is acknowledged as		
ne new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit		
ermit No.: Recommended action:	permitted by No.:		
Orleve Valligentte	Orlene Valliguette		
Pate: April 15, 2014	Date: April 15, 2014  Authorized Signature		
Authorized Signature	20T + 0 2014 OFT 1 0 7014		
	PRODUCTION UCT 1 0 Eart OIC		
Mail to: Past OperatorNew Operator	7		

Side Two

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#### Must Be Filed For All Wells

KDOR L	ease No.:	22/572		
*Lease N	ame: <u>DAVATZ 'D' 4</u>	*Location: T27S R	34W, Sec. 20, NE NE S	SW SW
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	15-081-21090	FSL FEL 1250 North, 4030 West, from SE corner	GAS	Producing

A separate sheet may be attached if necessary

<sup>\*</sup>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.

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### 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) 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: DAVATZ 'D' 4
City: Dallas State: TX Zip:7524	0 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) 628-1	T27S R34W, Sec. 20, NE NE SW SW 858
Email Address: Arlene.Valliquette@meritenergy.com	
Surface Owner Information:  James M. Davatz Trust  1706 E. 24th St.  Lawrence, KS 66046	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.
he KCC with a plat showing the predicted locations	tent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and s of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat s may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
I certify that, pursuant to the Kansas Sur owner(s) of the land upon which the subject	face Owner Notice Act (House Bill 2032), I have provided the following to the surface ect well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form s form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this phone number, fax, and email address.
KCC will be required to send this informa task, I acknowledge that I must provide the	surface owner(s). I acknowledge that, because I have not provided this information, the tion to the surface owner(s). To mitigate the additional cost of the KCC performing this he name and address of the surface owner by filling out the top section of this form and gree, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of form and the associated Form C-1, Form CB-1, Fo	the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 orm T-1, or Form CP-1 will be returned.
I hereby certify that the statements made herein a	re true and correct to the best of my knowledge and belief.
Date: April 15, 2014 Signature of Operator or A	gent: Title: Regulatory Manager