## 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 subm   | nitted with this form.                    |                               |  |
|--|--|---|-------------------------------|--|
| Oil Lease: No. of Oil Wells  | **   | Effective Date of Transfer: May 1, 2014   |                               |  |
| Gas Lease: No. of Gas Wells 1  | *  | KS Dept of Revenue Lease No.: 230         | V59                           |  |
| Gas Gathering System:  |  | Lease Name: Hitch 'F' 4                   |                               |  |
| Saltwater Disposal Well- Permit No.:   |  | <u> </u>                                  |                               |  |
| Spot Location:feet from  | N / S Line   |   |                               |  |
| feet from  | E / W Line   | Legal Description of Lease: T32S R34W, S  | ec. 27, NE NW NW SW           |  |
| Enhanced Recovery Project Permit No.:  |  |   |                               |  |
| Entire Project: Yes No   |  | County: Seward                            | KCC WICHITA                   |  |
| Number of Injection Wells  | **   | Production Zone(s): Chase Group           | MAY 1 5 2014                  |  |
| Field Name: HUGOTON GAS AREA   |  | Injection Zone(s):                        | ,,                            |  |
| ** Side Two Must Be Comple   |  | feet from N /                             | S Line of Section             |  |
| Surface Pit Permit No.: (API No. if Drill Pit, W   | O or Haul)   | feet from E /                             | W Line of Section             |  |
| Type of Pit: Emergency Burn  | Settling   | Haul-Off Workover D                       | rilling KH 'Har               |  |
| Past Operator's License No. 5447 /   |  | Contact Person: Brent G. Sonnier          | 平<br>::                       |  |
| Past Operator's Name & Address: OXY USA Inc  |  | Phone: 713.366.5654                       |                               |  |
|  |  | r   |                               |  |
| 5 Greenway Plaza, Suite 110, Houston, TX 77046   |  | Date: April 15, 2014 Signature:           |                               |  |
| Title: Regulatory Manager  |  | Suh Q Nonow                               | 'ਹ'<br>                       |  |
| New Operator's License No. 32446   |  |   | H.                            |  |
|  |  | Contact Person: Arlene Valliquette        |                               |  |
| New Operator's Name & Address: Merit Energy Company, LLC   |  | Phone: 972.628.1558                       |                               |  |
| 13727 Noel Rd., Ste. 1200, Dallas, TX 75240  |  | Oil/Gas Purchaser: Occidental Energy Mar  | ketina Inc                    |  |
|  |  |   |                               |  |
| Title: Regulatory Manager  |  | Date: April 15, 2014 Culesce Valligenette |                               |  |
|  |  | Signature:                                |                               |  |
| Acknowledgment of Transfer: The above requesting noted, approved and duly recorded in the records of | •  |   |                               |  |
| 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, LLC                 | is acknowledged as            |  |
| ne new operator and may continue to inject flui  | ds as authorized by  | the new operator of the above named lea   | se containing the surface pit |  |
| ermit No.: Recommended act   | ion:   | permitted by No.:                         |                               |  |
| Orleve Vally   | and the same of th | alener                                    | alliquetto                    |  |
| Pate: April 15, 2014   | )  | Date: April 15, 2014                      | and Signature                 |  |
| Authorized Signal  | 0 1-14   |   | norized Signature             |  |
| DIGITALO1LI IV   |  |   | i                             |  |
| Mail to: Past Operator   | New Operator_  | Distric                                   | ·                             |  |

#### Side Two

### Must Be Filed For All Wells

| KDOR L   | ease No.: 22                 | <i>05</i> 5  |                                   |                                      |
|----------|------------------------------|--|-----------------------------------|--------------------------------------|
| *Lease N | ame: <u>Hitch 'F' 4</u>      | *Location: T32S F  | 34W, Sec. 27, NE NW               | NW SW                                |
| 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        | 15-175-21543 🗸               | PSL FEL<br>2610 North, 4680 West, from SE corner           | GAS                               | Producing                            |

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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 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)   |
|---|---|
| OPERATOR: License # 32446   | Well Location:  |
| Name: Merit Energy Company, LLC   | County: Seward  |
|   | City: Lease Name: Hitch 'F' 4   |
| 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: T32S R34W, Sec. 27, NE NW NW SW  |
| Phone: (972) 628-1558 Fax: (972) 628-1858   |   |
| Email Address: Arlene.Valliquette@meritenergy.com   | <del></del>   |
| Surface Owner Information:  |   |
| HITCH LAND & CATTLE CO  | When filing a Form T-1 involving multiple surface owners, attach an additional  |
| PO BOX 76   | sheet listing all of the information to the left for each surface owner. Surface<br>owner information can be found in the records of the register of deeds for the  |
| GUYMON, OK 73942-0076   | county, and in the real estate property tax records of the county treasurer.  |
| re preliminary non-binding estimates. The locations may be entere  Select one of the following:                                     | ed on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.   |
| owner(s) of the land upon which the subject well is or wi   | otice Act (House Bill 2032), I have provided the following to the surface III be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and email address.                       |
| KCC will be required to send this information to the surfa-   | s). I acknowledge that, because I have not provided this information, the ace owner(s). To mitigate the additional cost of the KCC performing this ldress 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 hand<br>form and the associated Form C-1, Form CB-1, Form T-1, or Form | dling fee with this form. If the fee is not received with this form, the KSONA-1 o CP-1 will be returned.   |
| I hereby certify that the statements made herein are true and corre   | ect to the best of my knowledge and belief.   |
| Date: April 15, 2014 Signature of Operator or Agent:  | Title: Regulatory Manager   |

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

MAY 15 2014

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