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,
MIST be submitted with this form.

Oil Lease: No. of Oil Wells **	Effective Date of Transfer: May 1, 2014		
	Emocivo Bato of Transion in the Property of th		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.:		
Gas Gathering System:	Lease Name: SWLVLU 50		
Saltwater Disposal Well- Permit No.:	Eddo Hamo. Give 20 dd		
Spot Location:feet from N / S Line			
feet from E / W Line	Legal Description of Lease: T30S R33W, Sec. 19, C SW SW NW		
Enhanced Recovery Project Permit No.: <u>E 30036</u>			
Entire Project: Yes No	County: Haskell		
Number of Injection Wells**	Production Zone(s): ATOKA		
Field Name: VICTORY	1 4		
** Side Two Must Be Completed.	Injection Zone(s):		
•	feet from N / S Line of Section		
Surface Pit Permit No.:	feet from N / S Line of Section feet from E / W Line of Section		
(API No. if Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling			
Type of Pit: Emergency Burn Settling	naur-Oil Vvoikovei Dilling RH		
Past Operator's License No. 5447 🗸	Haul-Off Workover Drilling		
Past Operator's Name & Address: OXY USA Inc	Phone: 713.366.5654		
	į		
5 Greenway Plaza, Suite 110, Houston, TX 77046	Date: April 15, 2014		
Title: Regulatory Manager	Signature: Brent Sannin		
New Operator's License No. 32446	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 Marketing Inc		
Title: Regulatory Manager	Date: April 15, 2014		
Title. Itegulatory injurieger	Signature: Williamstte		
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit# has been		
	on Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the			
Continues on records only and does not convey any ownership interest in the			
flerit Energy Company, LLCis 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.: 150,000. Recommended action: 1000	permitted by No.:		
10 28-14 Thomas	Orlene Valligentte		
ate: 10 - 28-14 Le MULO (300) Authorized (Signature	Date: April 15, 2014 Authorized Signature		
	RODUCTION OCT 2 9 2014 UIC 10-26-14		
	3.7.8.6.7.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8.8		

Side Two

Must Be Filed For All Wells

KDOR L	ease No.:	NA		
*Lease N	ame: <u>SWLVLU 50</u>	*Location:_T30S R	233W, Sec. 19, SW SW	<u>NW</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	15-081-21512-0001	South East 2968 North, 4925 West, from SE corner	EOR	Authorized Injection 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 (Inter-	t) 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: SWLVLU 50
City: 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	T30S R33W, Sec. 19, C SW SW NW
Email Address: Arlene.Valliquette@meritenergy.com	
Surface Owner Information:	When filing a Form T-1 involving multiple surface owners, attach an additional
Wilson- Dent Family Trust ETAL	sheet listing all of the information to the left for each surface owner. Surface
4135 Costero Risco	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.
San Clemente, CA 92673	
re preliminary non-binding estimates. The locations may be Select one of the following: I certify that, pursuant to the Kansas Surface Ow	e roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The locations shown on the plat entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. The locations shown on the plat entered 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 in CP-1 that I am filing in connection with this form; 2 form; and 3) my operator name, address, phone nu	s or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this mber, fax, and email address.
KCC will be required to send this information to the	owner(s). I acknowledge that, because I have not provided this information, the ne surface owner(s). To mitigate the additional cost of the KCC performing this and address of the surface owner by filling out the top section of this form and vable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30. form and the associated Form C-1, Form CB-1, Form T-1, o	00 handling fee with this form. If the fee is not received with this form, the KSONA-1 or Form CP-1 will be returned.
I hereby certify that the statements made herein are true ar	nd correct to the best of my knowledge and belief.
Date: April 15, 2014 Signature of Operator or Agent:	(Inluse Valliguetto Title: Regulatory Manager