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:		MUSI DE SUDI	nittea with this re	orm.		
Oil Lease: No. of Oil Wel	ls**		Effective D	Date of Transfer: May 1	, 2014	
Gas Lease: No. of Gas V	Vells**		KS Dept of	of Revenue Lease No.:	2024	<i>'02</i>
Gas Gathering System:_			l ease Nar	me: LAKIN 'A' 1		
Saltwater Disposal Well-	Permit No.:		Lease Nai	ne. Danie A		11000
Spot Location:	feet from N	/ S Line				
	feet from E	/ W Line	Legal Des	cription of Lease: T245	S R36W, Sec. 27, C	E2 E2 SW RECEIVED
Enhanced Recovery Proj	ect Permit No.:				KANSAS COR	PORATION COMMISSION
Entire Project: Yes	No		County: _k	Kearny	MA	Y 1 6 2014
Number of Injection Wells	s	**	Production	n Zone(s): <u>Chase Grou</u>	ıın.	
Field Name: HUGOTON GAS	AREA		Injection 7	Zone(s):		ERVATION DIVISION WICHITA, KS
** Side Tv	vo Must Be Completed	<i>.</i>	injection z			of Soction 5
Surface Pit Permit No				feet from		Ji Section i.
Surface Pit Permit No.:	(API No. if Drill Pit, WO or	Haul)	·	feet from	E /W Line	of Section
Type of Pit: Emergen	cy Burn	Settling	Haul-Off	Workover	Drilling	<u> </u>
Past Operator's License No.	5447 /		Contact P	erson: Brent G. Sonnie	er	
·			*			 H
Past Operator's Name & Addr	ess: OXY USA Inc		Phone: /	13.366.5654		
5 Greenway Plaza, Suite 110), Houston, TX 77046		Date: April 15, 2014			
Title: Regulatory Manager			Signature:	Brent & Soun	w	
New Operator's License No. New Operator's Name & A		ompany, LLC		erson: <u>Arlene Valliquet</u> 72.628.1558	tte	KCC WICH
13727 Noel Rd., Ste. 1200, Dalla	s, TX 75240		_			
			Oil/Gas P	urchaser: Occidental E	nergy Marketing Inc	FEB 2 3 2015
Title: Regulatory Manager			Date: <u>Apr</u> - Signature:	il 15, 2014 Colone Vail	jante en	RECEIVE
Acknowledgment of Transfernoted, approved and duly recommission records only and	orded in the records of the	e Kansas Corporation	on Commission.	This acknowledgment	t of transfer pertains	has been to Kansas Corporation
Merit Energy Company, LLC	is	acknowledged as	Merit Energ	y Company, LLC	W. 1. WWW	_is acknowledged as
ne new operator and may o	continue to inject fluids	as authorized by	the new op	erator of the above r	named lease contain	ning the surface pit
Permit No.: Recommended action:			permitted by	/ No.:	• · ·	
Date: April 15, 2014	Orlene Valling	tto	Date: April 1		Week Vallige	1900 - Walter Makes Made 18 - water -
	Authorized Signature	211.15	<u> </u>	17515	Authorized Sig	
DISTRICT	EPR 2 ~ 6		RODUCTION	2-23-13	UIC	-25-15
Mail to: Past Operator		New Operator			Uotrict	[

Side Two

Must Be Filed For All Wells

KDOR L	ease No.:	02402		
*Lease N	ame: <u>LAKIN 'A' 1</u>	*Location: T24S F	36W, Sec. 27, C E2 E2	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	15-093-00453 🗸	1250 FSL 2050FWL 1320 North, 2970 West, from SE corner	GAS	Producing

KCC WICHITA FEB 23 2015 RECEIVED

RECEIVED KANSAS CORPORATION COMMISSION

MAY 1 6 2014

CONSERVATION DIVISION WICHITA, KS

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.

OPERATOR: License # 32446	Well Location:			
Name: Merit Energy Company, LLC	County: Kearny			
Address 1:13727 Noel Rd., Ste. 1200	Lease Name: LAKIN 'A' 1			
City: Dallas State: TX Zip: 75240	If filing a Form T-1 for multiple wells on a lease, enter the legal description o			
Contact Person: Arlene Valliquette	the dase below:			
Phone: (972) 628-1558 Fax: (972) 628-1858	MO 1243 13011, 360. 21, 0 22 12 3W			
Email Address: Arlene Valliquette@meritenergy.com	County: Kearny Lease Name: LAKIN 'A' 1 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the legal description			
Surface Owner Information: INDOWS, HARLAN & KATHLEEN TRUSTOF I 205EAVE C AKIN, KS 67860	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.			
	s, tank batteries, pipelines, and electrical lines. The locations shown on the plat 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 will	tice Act (House Bill 2032), I have provided the following to the surface I 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 ax, and email address.			
KCC will be required to send this information to the surface	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 dress 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 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 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			