

040116_F_Richardson.pdf
KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

APR 07 2016

Form T-1
July 2014

RECEIVED

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:

- ☐ Oil Lease: No. of Oil Wells _____ **
☒ Gas Lease: No. of Gas Wells 1 **
☐ Gas Gathering System: _____
☐ Saltwater Disposal Well - Permit No.: _____
Spot Location: _____ feet from ☐ N / ☐ S Line
_____ feet from ☐ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: _____
Entire Project: ☐ Yes ☐ No
Number of Injection Wells _____ **

Field Name: THIRTY-ONE

**** Side Two Must Be Completed.**

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 218508

Lease Name: F. RICHARDSON

NW - SE - NW - NW Sec. 14 Twp. 31S R. 32 ☐ E ☒ W

Legal Description of Lease: 160 AC - NW 14 T31S R32W (NW)

County: SEWARD

Production Zone(s): MORROW

Injection Zone(s): _____

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)

_____ feet from ☐ N / ☐ S Line of Section

_____ feet from ☐ E / ☐ W Line of Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ Drilling

Past Operator's License No. 32730

Contact Person: JOHN PHIPPS

Past Operator's Name & Address: FOUR STAR OIL & GAS COMPANY
P. O. BOX 2100, HOUSTON, TEXAS 77252

Phone: 713-372-1187

Date: MARCH 11, 2016

Title: TRANSACTION ADVISOR

Signature: John Phipps

New Operator's License No. 32446

Contact Person: JASON LINDMARK ARLENE VALLIQUETTE

New Operator's Name & Address: MERIT ENERGY COMPANY, LLC
13727 NOEL RD, STE 500 1200
DALLAS, TEXAS 75240

Phone: 972-628-4566 628-1558

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

Date: 3/30/16

Title: REGULATORY MANAGER

Signature: Arlene Valliquette

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 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.

_____ is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: _____ Recommended action: _____

Date: _____
Authorized Signature

_____ is acknowledged as
the new operator of the above named lease containing the surface pit
permitted by No.: _____

Date: _____
Authorized Signature

DISTRICT _____ EPR 4-21-16 PRODUCTION 4-22-16 UIC APR 22 2016
Mail to: Past Operator _____ New Operator _____ District _____

Must Be Filed For All Wells

KDOR Lease No.: 218508

* Lease Name: F. RICHARDSON * Location: T31S-R32W, SEC 14 - NW, SE, NW, NW

[illegible]

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.

APR 07 2016

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Form KSONA-1

July 2010

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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 # 32730
Name: Four Star Oil & Gas Company
Address 1: PO Box 2100
Address 2: _____
City: Houston State: TX Zip: 77252 + _____
Contact Person: John Phipps
Phone: (713) 372-1187 Fax: (713) 372-1107
Email Address: johnhipps@chevron

Well Location:
NW SE NW NW Sec. 14 Twp. 31 S. R. 32 ☐ East ☒ West
County: Seward
Lease Name: Richardson Well #: F-1

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Surface Owner Information:

Name: Southwest Medical Center
Address 1: PO Box 637
Address 2: _____
City: Liberal State: KS Zip: 67905 + _____

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.

If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathodic Protection Borehole Intent), you must supply the surface owners and the KCC with a plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lines. The locations shown on the plat are preliminary non-binding estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.

Select one of the following:

- ☒ I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface owner(s) of the land upon which the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this form; and 3) my operator name, address, phone number, fax, and email address.
- ☐ I have not provided this information to the surface owner(s). I acknowledge that, because I have not provided this information, the KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the KCC performing this task, I acknowledge that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSONA-1 form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be returned.

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Date: 3/3/2016 Signature of Operator or Agent: John Phipps Title: Transaction Advisor