

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

KCC WICHITA

APR 07 2016

Form T-1
July 2014

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: GOOCH

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 201273 NA

Lease Name: FIELDS M. A.

SE - NW - NE - NW Sec. 9 Twp. 35S R. 35 ☐ E ☒ W

Legal Description of Lease: 160 ACRES NW 4 SEC 9

County: Stevens
STEPHENS

Production Zone(s): MARROW

Injection Zone(s): _____

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

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

Past Operator's License No. 32730

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

Title: TRANSACTION ADVISOR

Contact Person: JOHN PHIPPS

Phone: 713-372-1187

Date: 03/17/2016

Signature: John Phipps

New Operator's License No. 32446

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

Title: REGULATORY MANAGER

Contact Person: JASON LINDMARK ARLENE VALLIQUETTE

Phone: 972-628-1556 628-1558

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

Date: 3/30/16

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 4-19-16 PRODUCTION 4-2016 APR 20 2016
Mail to: Past Operator _____ New Operator _____ District _____

APR 07 2016

RECEIVED

Must Be Filed For All Wells

KDOR Lease No.: 201273

* Lease Name: FIELDS M. A.

* Location: T35S R35W, SEC 9, SE, NW, NE, 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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED

Form KSONA-1

July 2010

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 # 32730

Name: Four Star Oil & Gas Company

Address 1: PO Box 2100

Address 2:

City: Houston State: TX Zip: 77252 + 2100

Contact Person: John Phipps

Phone: (713) 372-1187 Fax: (713) 372-1107

Email Address: johnhipps@chevron

Well Location:

SE NW NE NW Sec. 9 Twp. 35 S. R. 35 ☐ East ☒ West

County: Stevens

Lease Name: Fields M.A.

Well #: 4

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

Surface Owner Information:

Name: Kyle and Jamie Gooch

Address 1: 333 Road 18

Address 2:

City: Hugoton State: KS Zip: 67951 +

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