

**REQUEST FOR CHANGE OF OPERATOR RECEIVED  
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 \_\_\_\_\_ \*\*  
☐ Gas Gathering System: \_\_\_\_\_  
☒ Saltwater Disposal Well - Permit No.: D27529.0  
Spot Location: 2018 feet from ☐ N / ☒ S Line  
1962 feet from ☒ E / ☐ W Line  
☐ Enhanced Recovery Project Permit No.: \_\_\_\_\_  
Entire Project: ☐ Yes ☐ No  
Number of Injection Wells 1 \*\*

Field Name: Hugoton

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: \_\_\_\_\_

Lease Name: JENNISON, E. E. ✓

\_\_\_\_\_ NW - SE Sec. 5 Twp. 35S R. 35 ☐ E ☒ W

Legal Description of Lease: 640 ACRES SEC 5

County: Stevens  
STEPHENS

Production Zone(s): \_\_\_\_\_

Injection Zone(s): LANSING ✓

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

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover ☒ 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: 972-628-4500 628-1558

Oil / Gas Purchaser: \_\_\_\_\_

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.

Merit Energy Company LLC is acknowledged as  
the new operator and may continue to inject fluids as authorized by  
Permit No.: D-27529 . Recommended action: NONE

Date: 4-19-16 Cheryl L Boyer  
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 4-18-16 PRODUCTION 42546 UIC 4-19-16  
Mail to: Past Operator 4-19-16 New Operator 4-19-16 District ① 4-19-16

**RECEIVED**

\* Location: T35S R35W, SEC 5, NW, SE

Well Status  
(PROD/TA'D/Abandoned)

\* 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

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:  
NWSE Sec. 5 Twp. 35 S. R. 35 ☐ East ☒ West  
 County: Stevens  
 Lease Name: Jennison E.E. Well #: 5 #2 2 SWD

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

NWSE

## **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