# 040116\_Loflin\_Unit.pdf KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 July 2014

# OIL & GAS CONSERVATION DIVISION APR 0 7 2016 Form must be Typed Form must be Signed Form must be Signed Form must be Filled TRANSFER OF INJECTION OR SURFACE PIT PERMIT

Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act.

Check Applicable Boxes: MUST be submit	ted with this form.		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: APRIL 1, 2016		
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 202444  Lease Name: LOFLIN UNIT		
Gas Gathering System:			
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease: 160 AC OUT OF NE/4 T33S R38W SEC26		
Enhanced Recovery Project Permit No.:			
Entire Project: Yes No	County: STEVENS		
Number of Injection Wells **	Production Zone(s):CHASE GROUP		
Field Name: HUGOTON GAS AREA	Injection Zone(s):		
** Side Two Must Be Completed.	injection zone(s).		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
Past Operator's License No. 32730 /	Contact Person: JOHN PHIPPS		
Past Operator's Name & Address: FOUR STAR OIL & GAS COMPANY	Phone: _713-372-1187		
P. O. BOX 2100, HOUSTON, TEXAS 77252	Date: 03/28/2016		
Title: TRANSACTION ADVISOR	/ / // /// //// /// /// /// /// /// //		
Title: HOWARD TON ADVISOR	Signature: Chin Thype		
New Operator's License No	Contact Person: THE LENE VALLIQUETTE		
New Operator's Name & Address: MERIT ENERGY COMPANY, LLC	Phone: 972 628-1558		
13727 NOEL RD, STE 🕽 🎁 ŮÕ	Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.		
DALLAS, TEXAS 75240	Date: 4/4/16		
Title: REGULATORY MANAGER	Signature: Alliquette		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been		
noted, approved and duly recorded in the records of the Kansas Corporation C	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the a	bove injection well(s) or pit permit.		
is acknowledged as	is acknowledged as		
the new operator and may continue to inject fluids as authorized by	the new operator of the above named lease containing the surface pit		
Permit No.: Recommended action:	permitted by No.:		
Date:	Date:		
Authorized Signature	Authorized Signature 2016		
DISTRICT         EPR         4-20-16         P           Mail to: Past Operator         New Operator	RODUCTION 47212010		
New Operator	r District		

#### Side Two

## KCC WICHITA

APR 07 2016

### Must Be Filed For All Wells

RECEIVED

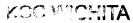
* Lease Name: _LOFLIN UNIT		* Location: 160 AC OUT OF NE/4 T33S R38W SEC26			
Well No. API No. (YR DRLD/PRE '67)			Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
1	15-189-00467 ✓	/390 FNL 1320 FSL FNL	1290 FEL Circle 1320 FEL FW	Well Inventor GAS	PRODUCING
-		FSL/FNL	FEL/FWL		· ·
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

20244 4

KDOR Lease No.:

<sup>\*</sup> 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

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 (C	cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 32730  Name: Four Star Oil & Gas Company  Address 1: PO Box 2100  Address 2: TY 77353 2100	Well Location:  NE Sec. 26 Twp. 33 S. R. 38 ☐ East ▼ West  County: Stevens  Lease Name: R.B. Loflin Well #: 1		
Contact Person: John Phipps  Phone: ( 713 ) 372-1187 Fax: ( 713 ) 372-1107  Email Address: johnphipps@chevron	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Surface Owner Information:  Name: Staci Kitch Garrett  Address 1: 3800 Mckinney Dr  Address 2:	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 (Cathodithe KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	batteries, pipelines, and electrical lines. The locations shown on the plat		
I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I am being charged a \$30.00 handling for	knowledge that, because I have not provided this information, the ter(s). To mitigate the additional cost of the KCC performing this ee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
I hereby certify that the statements made herein are true and correct to the	· · · · · ·		
Date: 3/28/2016 Signature of Operator or Agent:	Title: Transaction Advisor		