

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

APR 07 2016

Form T-1

July 2014

Form must be Typed

Form must be Signed

Blanks must be Filled

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMITForm 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: HUGOTON GAS AREA**** Side Two Must Be Completed.**Effective Date of Transfer: APRIL 1, 2016KS Dept of Revenue Lease No.: 203264Lease Name: M. L. REYNOLDS GAS UNIT /SE - SE - SE - NW Sec. 29 Twp. 31S R. 36 ☐ E ☒ WLegal Description of Lease: 160 AC OUT OF NW/4 T31S R36W SEC 29County: STEVENSProduction Zone(s): CHASE GROUP

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 SectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OR ☐ DrillingPast Operator's License No. 32730 ✓Contact Person: JOHN PHIPPSPast Operator's Name & Address: FOUR STAR OIL & GAS COMPANY
P. O. BOX 2100, HOUSTON, TEXAS 77252Phone: 713-372-1187Date: 03/28/2016Title: TRANSACTION ADVISORSignature: John PhippsNew Operator's License No. 32446 ✓Contact Person: ARLENE VALLIQUETTENew Operator's Name & Address: MERIT ENERGY COMPANY, LLCPhone: 972-628-155813727 NOEL RD, STE 1200Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.DALLAS, TEXAS 75240Date: 4/4/16Title: REGULATORY MANAGERSignature: 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 4-20-16 PRODUCTION 4-21-16 UIC APR 21 2016
Mail to: Past Operator _____ New Operator _____ District _____

Side Two

RECEIVED

* Location: 160 AC OUT OF NW/4 T31S R36W SEC 29

* 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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONCERTIFICATION 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 SE NW Sec. 29 Twp. 31 S. R. 36 ☐ East ☒ West
County: Stevens
Lease Name: M. L. Reynolds Gas Unit Well #: 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: Debra Renee Reynolds
Address 1: 5931 Smith Rd N
Address 2: _____
City: Syracuse State: NY Zip: 13212 + _____

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: 3/16/2016 Signature of Operator or Agent: John Phipps Title: Transaction Advisor