

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

040116 Miller JW.pdf
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 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 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: PANOMA GAS AREA

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 207449 ✓

Lease Name: MILLER J. W. 2

_____ SE _____ NW Sec. 30 Twp. 31 S R. 36 ☐ E ☒ W

Legal Description of Lease: 160 AC OUT OF NW/4 T31S R36W SEC 30

County: STEVENS

Production 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 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

Signature: John Phipps

New Operator's License No. 32446 ✓

Contact Person: ARLENE VALLIQUETTE

New Operator's Name & Address: MERIT ENERGY COMPANY, LLC

Phone: 972-222-1558 628-1558

13727 NOEL RD, STE 1200

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

DALLAS, TEXAS 75240

Date: 4/4/16

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 4-15-16 PRODUCTION 4-18-16 APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

APR 07 2016

Form KSONA-1

July 2010

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Form must be Signed

All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE RECEIVED
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 - - - Sec. 30 Twp. 31 S. R. 36 ☐ East ☒ West
County: Stevens
Lease Name: J.W. Miller Well #: 2

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

Surface Owner Information:

Name: Teri Christian Family Trust
Address 1: 413 E Kansas
Address 2: _____
City: Ulysses State: KS Zip: 67880 + _____

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm T-1
July 2014Form 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: HUGOTON GAS AREA**** Side Two Must Be Completed.**Effective Date of Transfer: APRIL 1, 2016KS Dept of Revenue Lease No.: 114Lease Name: J. W. MILLER 3_____ - C - NE Sec. 30 Twp. 31S R. 36 ☐ E ☒ WLegal Description of Lease: 160 AC OUT OF NE/4 T31S R36W SEC 30County: 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 ✓Past Operator's Name & Address: FOUR STAR OIL & GAS COMPANY
P. O. BOX 2100, HOUSTON, TEXAS 77252Title: TRANSACTION ADVISORContact Person: JOHN PHIPPSPhone: 713-372-1187Date: 03/28/2016Signature: John PhippsNew Operator's License No. 32446 ✓New Operator's Name & Address: MERIT ENERGY COMPANY, LLC
13727 NOEL RD, STE 1200
DALLAS, TEXAS 75240Title: REGULATORY MANAGERContact Person: ARLENE VALLIQUETTEPhone: 972-628-1558Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.Date: 4/4/16Signature: 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 SignatureDISTRICT _____ EPR 4-15-16 PRODUCTION 4-18-16 **APR 18 2016**
Mail to: Past Operator _____ New Operator _____ District _____

APR 07 2016

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:
NE - - - Sec. 30 Twp. 31 S. R. 36 ☐ East ☒ West
County: Stevens
Lease Name: Miller Well #: 3

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

Surface Owner Information:

Name: Connie L Shelite Trust
Address 1: 1806 State HWY 25
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: 3/16/2016 Signature of Operator or Agent: John Phipps Title: Transaction Advisor

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

040116_Miller_1.pdf

KCC WICHITA

APR 07 2016

Form T-1
July 2014

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REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION OR SURFACE PIT PERMIT

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MUST be submitted with this form.

RECEIVED

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, 2016

KS Dept of Revenue Lease No.: 202640

Lease Name: MILLER /

SE - SE - SE - NW Sec. 30 Twp. 31S R. 36 ☐ E ☒ W

Legal Description of Lease: 160 AC OUT OF NW/4 T31S R36W SEC 30

County: STEVENS

Production Zone(s): CHASE GROUP

Injection Zone(s): _____

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: 03/28/2016

Signature: John Phipps

New Operator's License No. 32446

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

Title: REGULATORY MANAGER

Contact Person: ARLENE VALLIQUETTE

Phone: 972-628-1558

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

Date: 4/4/16

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 4-15-16 PRODUCTION 4-18-16 UIC APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

KCC WICHITA

Side Two

Must Be Filed For All Wells

APR 07 2016

RECEIVED

KDOR Lease No.: 202640

* Lease Name: MILLER

* Location: 160 AC OUT OF NW/4 T31S R36W SEC 30

[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

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Form KSONA-1
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KANSAS SURFACE OWNER NOTIFICATION ACT

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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 SE NW Sec. 30 Twp. 31 S. R. 36 ☐ East ☒ West
County: Stevens
Lease Name: J.W. Miller 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: Teri Christian Family Trust
Address 1: 413 E Kansas
Address 2: _____
City: Ulysses State: KS Zip: 67880 + _____

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.

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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.
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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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
July 2014

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REQUEST FOR CHANGE OF OPERATOR
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Form KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act,
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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: PANOMA GAS AREA

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 207447 ✓

Lease Name: W. H. EMRIE GAS UNIT 2

SE - SW - SE - NW Sec. 31 Twp. 31S R. 36 ☐ E ☒ W

Legal Description of Lease: 80 AC OUT OF E/2 NW/4 T31S R36W SEC 31

County: STEVENS

Production Zone(s): COUNCIL GROVE 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 Section

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: 03/28/2016

Signature: John Phipps

New Operator's License No. 32446 ✓

New Operator's Name & Address: MERIT ENERGY COMPANY, LLC
13727 NOEL RD, STE ~~100~~ 1200
DALLAS, TEXAS 75240

Title: REGULATORY MANAGER

Contact Person: ARLENE VALLIQUETTE

Phone: 972-~~444-1000~~ 628-1558

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

Date: 4/4/16

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 4-15-16 PRODUCTION 4-18-16 APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

APR 07 2016

RECEIVED

KDOR Lease No.: 207447

* Lease Name: W. H. EMRIE GAS UNIT

* Location: 80 AC OUT OF E/2 SW T31S R36W SEC 31

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
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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 SW SE NW Sec. 31 Twp. 31 S. R. 36 ☐ East ☒ West

County: Stevens

Lease Name: W.H. Emrie Well #: 2

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

Surface Owner Information:

Name: Lois Morrissey & Helen James

Address 1: 1500 Terrace Ave Apt. 220

Address 2:

City: Liberal State: KS Zip: 67901 +

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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: 

Title: Transaction Advisor

APR 07 2016

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED

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July 2014Form must be Typed
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All blanks must be FilledREQUEST FOR CHANGE OF OPERATOR
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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.: 201071Lease Name: EMRIE W. H.SE - SE - SE - NW Sec. 31 Twp. 31S R. 36 ☐ E ☒ WLegal Description of Lease: 80 AC OUT OF E/2 NW/ 4 T31S R36W SEC 31County: 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 OK ☐ 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. 32446Contact Person: ~~HUGOTON GAS AREA~~ ARLENE VALLIQUETTENew Operator's Name & Address: MERIT ENERGY COMPANY, LLC
13727 NOEL RD, STE ~~1000~~ 1200
DALLAS, TEXAS 75240Phone: 972-~~200-1000~~ 628-1558Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.Date: 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 4-15-16 PRODUCTION 4-18-16 APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

RECEIVED

Must Be Filed For All Wells

* Location: 80 AC OUT OF E/2 NW/ 4 T31S R36W SEC 31

* 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

APR 07 2016

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: johnphipps@chevron

Well Location:
SE SE SE NW Sec. 31 Twp. 31 S. R. 36 ☐ East ☒ West
County: Stevens
Lease Name: W.H. Emrie 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: Lois Morrissey & Helen James
Address 1: 1500 Terrace Ave Apt. 220
Address 2: _____
City: Liberal State: KS Zip: 67901 + _____

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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.

KCC WICHITA
040116_C_M_Dudley_2.pdf
APR 07 2016

Form T-1
July 2014

Form must be Typed
Form must be Signed
All blanks must be Filled

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: PANOMA GAS AREA

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 207446 ✓

Lease Name: C. M. DUDLEY 2

_____ C _____ W2 Sec. 34 Twp. 31S R. 36 ☐ E ☒ W

Legal Description of Lease: 160 AC OUT OF SW/4 T31S R36W SEC 34

County: STEVENS

Production Zone(s): COUNCIL GROVE GROUP

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: 03/28/2016

Signature: John Phipps

New Operator's License No. 32446 ✓

New Operator's Name & Address: MERIT ENERGY COMPANY, LLC
13727 NOEL RD, STE ~~200~~ 1200
DALLAS, TEXAS 75240

Title: REGULATORY MANAGER

Contact Person: ARLENE VALLIQUETTE

Phone: 972-~~222-1000~~ 628-1558

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

Date: 4/4/16

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 4-15-16 PRODUCTION 4-18-16 **APR 18 2016**
Mail to: Past Operator _____ New Operator _____ District _____

RECEIVED

Must Be Filed For All Wells

* Location: 160 AC OUT OF SW/4 T31S R36W SEC 34

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

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:
_____ W2 Sec. 34 Twp. 31 S. R. 36 ☐ East ☒ West
County: Stevens
Lease Name: C.M. Dudley Well #: 2

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

Surface Owner Information:

Name: Charles Dudley Estate
Address 1: 14917 N. Little Spokane Dr.
Address 2: _____
City: Spokane State: WA Zip: 99208 + _____

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

APR 07 2016

Form T-1
July 2014Form must be Typed
Form must be Signed
All blanks must be FilledREQUEST FOR CHANGE OF OPERATOR RECEIVED
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.: 201476Lease Name: H. H. GOOD GAS UNIT 1SE SE SE NW Sec. 33 Twp. 31S R. 33 ☐ E ☒ WLegal Description of Lease: NW/4 T31S R33W SEC 33County: SEWARDProduction 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. 32446Contact 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 4-15-16 PRODUCTION 4-18-16 APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

APR 07 2016

* Lease Name: H. H. GOOD GAS UNIT

* Location: NW/4 T31S R33W SEC 33

RECEIVED

[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

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 SE SE NW Sec. 33 Twp. 31 S. R. 33 ☐ East ☒ West

County: Seward

Lease Name: H.H. Good

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: Charles & Carolyn Withers

Address 1: 6655 Lamar Rd

Address 2: _____

City: Reno State: TX Zip: 75462 + _____

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.

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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: 

Title: Transaction Advisor

040116 RR Bane TBM.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 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 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, 2016

KS Dept of Revenue Lease No.: 220885

Lease Name: R. R. BANE TBM

_____ C - SW Sec. 4 Twp. 34S R. 35 ☐ E ☒ W

Legal Description of Lease: 160 AC OUT OF SW/4 TWP34S R35W SEC 4

County: STEVENS

Production 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 Section

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

Past Operator's License No. 33042

Contact Person: JOHN PHIPPS

Past Operator's Name & Address: CHEVRON U. S. A., INC.

Phone: 713-372-1187

1400 SMITH ST, HOUSTON, TEXAS 77002

Date: 03/28/2016

Title: TRANSACTION ADVISOR

Signature: John Phipps

New Operator's License No. 32446

Contact Person: ARLENE VALLIQUETTE

New Operator's Name & Address: MERIT ENERGY COMPANY, LLC

Phone: 972-628-1558

13727 NOEL RD, STE 1200

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

DALLAS, TEXAS 75240

Date: 4/4/16

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 4-15-16 PRODUCTION 4-18-16 APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

RECEIVED

Must Be Filed For All Wells

* Location: 160 AC OUT OF SW/4 TWP34S R35W SEC 4

Well Status
(PROD/TA'D/Abandoned)

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 # 33042
Name: Chevron U.S.A. Inc.
Address 1: 1400 Smith St.
Address 2: _____
City: Houston State: TX Zip: 77002 + _____
Contact Person: John Phipps
Phone: (713) 372-1187 Fax: (713) 372-1107
Email Address: johnhipps@chevron

Well Location:
SW - - - Sec. 4 Twp. 34 S. R. 35 ☐ East ☒ West
County: Stevens
Lease Name: R.R. Bane Well #: 4-2

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

Surface Owner Information:

Name: Trudy Miller
Address 1: 7305 W Morgan Ave
Address 2: _____
City: Hutchinson State: KS Zip: 67501 + _____

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.

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

Date: 3/29/2016 Signature of Operator or Agent: John Phipps Title: Transaction Advisor

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: PANOMA GAS AREA

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 207450

Lease Name: J. T. NEWBY GAS UNIT 2

_____ - C - W2 Sec. 32 Twp. 31S R. 36 ☐ E ☒ W

Legal Description of Lease: 320 AC OUT OF W/2 T31S R36W SEC 32

County: STEVENS

Production Zone(s): COUNCIL GROVE 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 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

Signature: John Phipps

New Operator's License No. 32446 ✓

Contact Person: ARLENE VALLIQUETTE

New Operator's Name & Address: MERIT ENERGY COMPANY, LLC

Phone: 972-628-1558

13727 NOEL RD, STE 1202

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

DALLAS, TEXAS 75240

Date: 7/4/16

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 4-15-16 PRODUCTION 4-18-16 APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

KCC WICHITA

Side Two

Must Be Filed For All Wells

APR 07 2016

RECEIVED

KDOR Lease No.: 207450

* Lease Name: J. T. NEWBY GAS UNIT

* Location: 320 AC OUT OF W/2 T31S R36W SEC 32

[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.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA

APR 07 2016

Form KSONA-1

July 2010

Form Must Be Typed

Form must be Signed

All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE RECEIVED
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:
_____ W2 Sec. 32 Twp. 31 S. R. 36 ☐ East ☒ West
County: Stevens
Lease Name: J.T. Newby Well #: 2

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

Surface Owner Information:

Name: Brenda Gay Blotevogel
Address 1: 5413 Oak Forest
Address 2: _____
City: Tulsa State: OK Zip: 74131 + _____

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: HUGOTON GAS AREA

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 202969

Lease Name: J. T. NEWBY /

SE - SE - SE - NW Sec. 32 Twp. 31S R. 36 ☐ E ☒ W

Legal Description of Lease: 320 AC OUT OF W/2 T31S R36W SEC 32

County: STEVENS

Production 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 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
P. O. BOX 2100, HOUSTON, TEXAS 77252

Phone: 713-372-1187

Date: 03/28/2016

Title: TRANSACTION ADVISOR

Signature: John Phipps

New Operator's License No. 32446

Contact Person: ~~JASON LINDMAN~~ ARIENE VALLIQUE TTE

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

Phone: 972-628-1558

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

Date: 4/4/16

Title: REGULATORY MANAGER

Signature: Ariene 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 4-15-16 PRODUCTION 47816 APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

Must Be Filed For All Wells

APR 07 2016

RECEIVED

* Lease Name: J.T. Newby

* Location: 320 ac out of W2 T31S R36W Sec 32

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.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

APR 07 2016

Form KSONA-1

July 2010

RECEIVED

Form Must Be Typed
Form must be Signed
All blanks must be FilledCERTIFICATION 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 SE NW Sec. 32 Twp. 31 S. R. 36 ☐ East ☒ West
County: Stevens
Lease Name: J.T. Newby 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: Brenda Gay Blotevogel
Address 1: 5413 Oak Forest
Address 2: _____
City: Tulsa State: OK Zip: 74131 + _____

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

040116 EC Mingenback GU.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: HUGOTON GAS AREA

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 217111

Lease Name: E. C. MINGENBACK GAS UNIT 2

SW - SW - NE - NE Sec. 31 Twp. 34S R. 39 ☐ E ☒ W

Legal Description of Lease: 80 AC OUT OF E/2 NE/4 T34S R39W SEC 31

County: MORTON

Production 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 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: 03/28/2016

Title: TRANSACTION ADVISOR

Signature: John Phipps

New Operator's License No. 32446 /

Contact Person: ARLENE VALLIQUETTE

New Operator's Name & Address: MERIT ENERGY COMPANY, LLC

Phone: 972-628-1558

13727 NOEL RD, STE 1200

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

DALLAS, TEXAS 75240

Date: 4/4/16

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 4-15-16 PRODUCTION 4-1870 UIC APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

Side Two

Must Be Filed For All Wells

Side Two

RECEIVED

* Lease Name: E. C. MINGENBACK GAS UNIT

* Location: 80 AC OUT OF E/2 NE/4 T34S R39W SEC 31

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.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

APR 07 2016

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:
SW SW NE NE Sec. 31 Twp. 34 S. R. 39 ☐ East ☒ West
County: Morton
Lease Name: E.C. Mingenback Well #: 2

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

Surface Owner Information:

Name: Jack Hayward
Address 1: PO Box 975
Address 2: _____
City: Canyon State: TX Zip: 79015 + _____

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.

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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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

KCC WICHITA
040116_E_C_Mingenback.pdf
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: HUGOTON GAS AREA

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 220489 ✓

Lease Name: E. C. MINGENBACK GAS UNIT 4

NW - NW - NW - SE Sec. 31 Twp. 34S R. 39 ☐ E ☒ W

Legal Description of Lease: 160 AC OUT OF SE/4 T34S R39W SEC 31

County: MORTON

Production Zone(s): CHASE GROUP

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: 03/28/2016

Signature: John Phipps

New Operator's License No. 32446 ✓

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

Title: REGULATORY MANAGER

Contact Person: ARLENE VALLIQUETTE

Phone: 972-628-1558

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

Date: 4/4/16

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 4-15-16 PRODUCTION 4-18-16 UIC APR 18 2016
Mail to: Past Operator _____ New Operator _____ District _____

* 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:
NW NW NW SE Sec. 31 Twp. 34 S. R. 39 ☐ East ☒ West
County: Morton
Lease Name: E.C. Mingenback 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: William Light
Address 1: PO Box 287
Address 2: _____
City: Rolla State: KS Zip: 67954 + _____

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

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

040116_M_Remick_1.pdf

APR 07 2016

KCC WICHITA

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: HUGOTON GAS AREA

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

Effective Date of Transfer: APRIL 1, 2016

KS Dept of Revenue Lease No.: 203263

Lease Name: M. REMICK

SW - SE - SE - NW Sec. 33 Twp. 33S R. 35 ☐ E ☒ W

Legal Description of Lease: 160 AC OUT OF NW/4T33S R35W SEC 33

County: STEVENS

Production 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 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

Phone: 713-372-1187

P. O. BOX 2100, HOUSTON, TEXAS 77252

Date: 03/28/2016

Title: TRANSACTION ADVISOR

Signature: John Phipps

New Operator's License No. 32446

Contact Person: ARLENE VALLIQUE TTE

New Operator's Name & Address: MERIT ENERGY COMPANY, LLC

Phone: 972-628-1558

13727 NOEL RD, STE 1200

Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.

DALLAS, TEXAS 75240

Date: 4/4/16

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 4-15-16 PRODUCTION 4-18-16 **APR 18 2016**
Mail to: Past Operator _____ New Operator _____ District _____

RECEIVED

Must Be Filed For All Wells

* Location: 160 AC OUT OF NW/4T33S R35W SEC 33

* 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

Form KSONA-1

July 2010

RECEIVED

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:
SW SE SE NW Sec. 33 Twp. 33 S. R. 35 ☐ East ☒ West
County: Stevens
Lease Name: M. Remick 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: Mid America Cattle Co
Address 1: PO Box 818
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: 3/16/2016 Signature of Operator or Agent: John Phipps Title: Transaction Advisor

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: _____

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

Effective Date of Transfer: 01-01-2012

KS Dept of Revenue Lease No.: _____

Lease Name: Wallace

_____ SE _____ SW Sec. 10 Twp. 28 R. 7 ☐ E ☒ W

Legal Description of Lease: SE SW Sec 10 Twp 28S R 7W

County: Kingman

Production Zone(s): _____

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. 5893

Contact Person: Kenneth C Gates **KCC WICHITA**

Past Operator's Name & Address: PO Box 847

Phone: (620)672-2531

Pratt, KS 67124 Pratt Well Service, Inc

Date: 3/24/2016 **APR 18 2016**

Title: President

Signature: [Signature] **RECEIVED**

New Operator's License No. 4706

Contact Person: Jon F. Messenger

New Operator's Name & Address: _____

Phone: 620-532-5400

Messenger Petroleum Inc

Oil / Gas Purchaser: _____

525 S. Main, Kingman KS

Date: 03-30-2016

Title: President 67068

Signature: [Signature]

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 _____ PRODUCTION _____ UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

* Location: SE SW Sec 10 T28S R7W

[illegible]

KCC WICHITA
APR 18 2016
RECEIVED

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.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1

July 2014

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 # 4706
Name: Messenger Petroleum Inc
Address 1: 525 S Main
Address 2: _____
City: Kingman State: KS Zip: 67068 + _____
Contact Person: Jon F. Messenger
Phone: (620) 532-5400 Fax: (620) 532-5290
Email Address: _____

Well Location:
_____ SE SW Sec. 10 Twp. 28 S. R. 7 ☐ East ☒ West
County: Kingman
Lease Name: Wallace Well #: 1

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

KCC WICHITA

APR 18 2016

Surface Owner Information:

Name: Margie S. Wallace Trust
Address 1: 605 N. Humboldt
Address 2: _____
City: Ellinwood State: KS Zip: 67526 + _____

RECEIVED

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 must provide the name and address of the surface owner by filling out the top section of this form and 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: 3-30-2016 Signature of Operator or Agent: Jon F. Messenger Title: President

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
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 12 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ 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: Parker

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

Effective Date of Transfer: January 1, 2016

KS Dept of Revenue Lease No.: 100494

Lease Name: W.H. Polhamus

_____ NW Sec. 2 Twp. 20 R. 22 ☒ E ☐ W

Legal Description of Lease: NW/4 of Sec. 2-Twp. 20-R 22E

County: Linn

Production Zone(s): 2nd squirrel

Injection Zone(s): 2nd squirrel

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. 6142

Past Operator's Name & Address: Town Oil Company, Inc.

16205 W. 287th Street Paola, KS 66071

Title: President

Contact Person: Lester Town

Phone: 913-294-2125

Date: 3-31-16

Signature: Lester Town

KCC WICHITA

APR 18 2016

RECEIVED

New Operator's License No. 34028

New Operator's Name & Address: Triple T Oil, LLC

120 Shoreline Drive PO Box 716 Louisburg, KS 66053

Title: Partner

Contact Person: Lance Town

Phone: 913-710-5400

Oil / Gas Purchaser: Pacer Energy Marketing

Date: 3-31-16

Signature: [Signature]

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 _____ PRODUCTION _____ UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Must Be Filed For All WellsKDOR Lease No.: 100494* Lease Name: W.H. Polhamus* Location: NW/4 of Sec. 2-Twp. 20-R22E

Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
5	15-107-21173-0000	2800	^{Circle} (FSL/FNL)	2800	^{Circle} (FEL/FWL)	Oil	PROD.
W-1	15-107-19979-0000	1280	(FSL/FNL)	320	(FEL/FWL)	Oil	PROD.
3-W	15-107-19984-0000	900	(FSL/FNL)	850	(FEL/FWL)	Oil	PROD.
2-87	15-107-22932-0000	3040	(FSL/FNL)	3190	(FEL/FWL)	Oil	PROD.
16-87	15-107-22933-0000	1780	(FSL/FNL)	3135	(FEL/FWL)	Oil	PROD.
17	15-107-21298-0000	1200	(FSL/FNL)	700	(FEL/FWL)	Oil	PROD.
18	15-107-21998-0000	165	(FSL/FNL)	530	(FEL/FWL)	Oil	PROD.
19	15-107-21999-0000	165	(FSL/FNL)	200	(FEL/FWL)	Oil	PROD.
20	15-107-22006-0000	500	(FSL/FNL)	870	(FEL/FWL)	Oil	PROD.
21	15-107-22113-0000	500	(FSL/FNL)	540	(FEL/FWL)	Oil	PROD.
23	15-107-22303-0000	720	(FSL/FNL)	4210	(FEL/FWL)	Oil	PROD.
7	15-107-20547-0000	1200	(FSL/FNL)	4560	(FEL/FWL)	Oil	AI
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
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			FSL/FNL		FEL/FWL		

KCC WICHITA**APR 18 2016****RECEIVED**

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.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 6142
Name: Town Oil Company, Inc.
Address 1: 16205 W. 287th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____
Contact Person: Lester Town
Phone: (913) 294-2125 Fax: (913) 294-4823
Email Address: somertown@yahoo.com

Well Location:
_____ NW Sec. 2 Twp. 20 S. R. 22 ☒ East ☐ West
County: Linn
Lease Name: W.H. Polhamus Well #: _____

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

NW/4 of Sec. 2-Twp. 20-R 22E

Surface Owner Information:

Name: Lester & Roberta Town
Address 1: 15945 W. 288th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____

KCC WICHITA
APR 18 2016
RECEIVED

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 must provide the name and address of the surface owner by filling out the top section of this form and 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: 3-31-16 Signature of Operator or Agent: Lester Town Title: Pres.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
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 2 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ 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: Parker

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

Effective Date of Transfer: January 1, 2016

KS Dept of Revenue Lease No.: 100493

Lease Name: Lemon

_____ NW Sec. 11 Twp. 20 R. 22 ☒ E ☐ W

Legal Description of Lease: NW/4 of Sec. 11-Twp. 20-R 22E

County: Linn

Production Zone(s): 2nd squirrel

Injection Zone(s): 2nd squirrel

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. 6142

Contact Person: Lester Town

Past Operator's Name & Address: Town Oil Company, Inc.

Phone: 913-294-2125

KCC WICHITA

16205 W. 287th Street Paola, KS 66071

Date: 3-31-16

APR 18 2016

Title: President

Signature: Lester Town

RECEIVED

New Operator's License No. 34028

Contact Person: Lance Town

New Operator's Name & Address: Triple T Oil, LLC

Phone: 913-710-5400

120 Shoreline Drive PO Box 716 Louisburg, KS 66053

Oil / Gas Purchaser: Pacer Energy Marketing

Date: 3-31-16

Title: Partner

Signature: [Signature]

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 _____ PRODUCTION _____ UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Location: NW/4 of Sec. 11-Twp. 20-R22E

KCC WICHITA
APR 18 2016
RECEIVED

* 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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 # 6142
Name: Town Oil Company, Inc.
Address 1: 16205 W. 287th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____
Contact Person: Lester Town
Phone: (913) 294-2125 Fax: (913) 294-4823
Email Address: somertown@yahoo.com

Well Location:
_____ NW Sec. 11 Twp. 20 S. R. 22 ☒ East ☐ West
County: Linn
Lease Name: Lemon Well #: _____

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

NW/4 of Sec. 11-Twp. 20-R 22E

Surface Owner Information:

Name: Larry D. & Vicki A. Lemon
Address 1: 12250 Brookfield Drive
Address 2: _____
City: Conway State: AR Zip: 72032 + 4572

KCC WICHITA
APR 18 2016
RECEIVED

If 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 must provide the name and address of the surface owner by filling out the top section of this form and 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: 3-31-16 Signature of Operator or Agent: Lester Town Title: Pres.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
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 5 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ 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: Parker

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

Effective Date of Transfer: January 1, 2016

KS Dept of Revenue Lease No.: 115035

Lease Name: Shinkle

_____ - _____ - SW Sec. 2 Twp. 20 R. 22 ☒ E ☐ W

Legal Description of Lease: SW/4 of Sec. 2-Twp. 20-R 22E

County: Linn

Production Zone(s): 2nd squirrel

Injection Zone(s): 2nd squirrel

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. 6142

Contact Person: Lester Town

Past Operator's Name & Address: Town Oil Company, Inc.

Phone: 913-294-2125

16205 W. 287th Street Paola, KS 66071

Date: 3-31-16

Title: President

Signature: Lester Town

KCC WICHITA

APR 18 2016

New Operator's License No. 34028

Contact Person: Lance Town

New Operator's Name & Address: Triple T Oil, LLC

Phone: 913-710-5400

120 Shoreline Drive PO Box 716 Louisburg, KS 66053

Oil / Gas Purchaser: Pacer Energy Marketing

Date: 3-31-16

Title: Partner

Signature: [Signature]

RECEIVED

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 _____ PRODUCTION _____ UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Location: SW/4 of Sec. 2-Twp. 20-R22E

KCC WICHITA
APR 18 2016
RECEIVED

* 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

Form KSONA-1
January 2014
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 # 6142
Name: Town Oil Company, Inc.
Address 1: 16205 W. 287th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____
Contact Person: Lester Town
Phone: (913) 294-2125 Fax: (913) 294-4823
Email Address: somertown@yahoo.com

Well Location: _____
_____ - _____ SW Sec. 2 Twp. 20 S. R. 22 ☒ East ☐ West
County: Linn
Lease Name: Shinkle Well #: _____

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

SW/4 of Sec. 2-Twp. 20-R 22E

Surface Owner Information:

Name: Lester & Roberta Town
Address 1: 15945 W. 288th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____

**KCC WICHITA
APR 18 2016
RECEIVED**

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 must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

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

Date: 3-31-16 Signature of Operator or Agent: Lester Town Title: Pres.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
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 8 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ 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: Parker

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

Effective Date of Transfer: January 1, 2016

KS Dept of Revenue Lease No.: 114617

Lease Name: Woirhaye

_____ NE Sec. 2 Twp. 20 R. 22 ☒ E ☐ W

Legal Description of Lease: NE/4 of Sec. 2-Twp. 20-R 22E

County: Linn

Production Zone(s): 2nd squirrel

Injection Zone(s): 2nd squirrel

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. 6142

Contact Person: Lester Town

Past Operator's Name & Address: Town Oil Company, Inc.

Phone: 913-294-2125

16205 W. 287th Street Paola, KS 66071

Date: 3-31-16

Title: President

Signature: Lester Town

KCC WICHITA

APR 18 2016

RECEIVED

New Operator's License No. 34028

Contact Person: Lance Town

New Operator's Name & Address: Triple T Oil, LLC

Phone: 913-710-5400

120 Shoreline Drive PO Box 716 Louisburg, KS 66053

Oil / Gas Purchaser: Pacer Energy Marketing

Date: 3-31-16

Title: Partner

Signature: [Signature]

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 _____ PRODUCTION _____ UIC _____
Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Location: NE/4 of Sec. 2-Twp. 20-R22E

KCC WICHITA
APR 18 2016
RECEIVED

* 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

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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Select the corresponding form being filed: ☐ C-1 (Intent) ☐ CB-1 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 6142
Name: Town Oil Company, Inc.
Address 1: 16205 W. 287th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____
Contact Person: Lester Town
Phone: (913) 294-2125 Fax: (913) 294-4823
Email Address: somertown@yahoo.com

Well Location:
_____-_____-_____-NE Sec. 2 Twp. 20 S. R. 22 ☒ East ☐ West
County: Linn
Lease Name: Woirhaye Well #: _____

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

NE/4 of Sec. 2-Twp. 20-R 22E

Surface Owner Information:

Name: Philip Gary &/Or Chiko Lemon
Address 1: 8771 W. 2200 Road
Address 2: _____
City: Parker State: KS Zip: 66072 + 5085

KCC WICHITA
APR 18 2016
RECEIVED

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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 must provide the name and address of the surface owner by filling out the top section of this form and that I am being charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.

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

Date: 3-31-16 Signature of Operator or Agent: Lester Town Title: Pres.

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form T-1
March 2010
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 11 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ 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: Parker

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

Effective Date of Transfer: January 1, 2016

KS Dept of Revenue Lease No.: 100495

Lease Name: S. Polhamus

_____ SW Sec. 2 Twp. 20 R. 22 ☒ E ☐ W

Legal Description of Lease: SW/4 of Sec. 2-Twp. 20-R 22E

County: Linn

Production Zone(s): 2nd squirrel

Injection Zone(s): 2nd squirrel

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. 6142

Contact Person: Lester Town

Past Operator's Name & Address: Town Oil Company, Inc.

Phone: 913-294-2125

16205 W. 287th Street Paola, KS 66071

Date: 3-31-16

Title: President

Signature: Lester Town

KCC WICHITA

APR 18 2016

RECEIVED

New Operator's License No. 34028

Contact Person: Lance Town

New Operator's Name & Address: Triple T Oil, LLC

Phone: 913-710-5400

120 Shoreline Drive PO Box 716 Louisburg, KS 66053

Oil / Gas Purchaser: Pacer Energy Marketing

Date: 3-31-16

Title: Partner

Signature: [Signature]

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 _____ PRODUCTION _____ UIC _____

Mail to: Past Operator _____ New Operator _____ District _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

* Location: SW/4 of Sec. 2-Twp. 20-R22E

KCC WICHITA
APR 18 2016
RECEIVED

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
January 2014
Form Must Be Typed
Form must be Signed
All blanks must be Filled

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

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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 # 6142
Name: Town Oil Company, Inc.
Address 1: 16205 W. 287th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____
Contact Person: Lester Town
Phone: (913) 294-2125 Fax: (913) 294-4823
Email Address: somertown@yahoo.com

Well Location:
_____-_____-SW Sec. 2 Twp. 20 S. R. 22 ☒ East ☐ West
County: Linn
Lease Name: S. Polhamus Well #: _____

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

SW/4 of Sec. 2-Twp. 20-R 22E

Surface Owner Information:

Name: Lester & Roberta Town
Address 1: 15945 W. 288th Street
Address 2: _____
City: Paola State: KS Zip: 66071 + _____

**KCC WICHITA
APR 18 2016
RECEIVED**

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Date: 3-31-16 Signature of Operator or Agent: Lester Town Title: Pres.