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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

KCC WICHITA

APR 07 2016 Form T-1
July 2014
Form must be Typed
RECEWI 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

Check Applicable Boxes:	MUST be submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: _ APRIL 1, 2016
✓ Gas Lease: No. of Gas Wells **	KS Dept of Revenue Lease No.: _203093
Gas Gathering System:	Lease Name: PACKER UNIT /
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N /	S Line C _ SE _ SE _ NW Sec2 Twp34S R35
feet from E /	W Line Legal Description of Lease: 80 AC OUT OF S2 NW4 T34S R35W SEC2
Enhanced Recovery Project Permit No.:	
Entire Project: Yes No	County: STEVENS
Number of Injection Wells **	Production Zone(s): CHASE GROUP
Field Name: HUGOTON GAS AREA	
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. if Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn S	feet from E / W Line of Section ettling Haul-Off Workover D Drilling
Past Operator's License No. 32730	Contact Person: JOHN PHIPPS
Past Operator's Name & Address: FOUR STAR OIL & GAS	
P.O. BOX 2100, HOUSTON, TEXAS 77252	Trione,
	Date: 03/28/2016
Title: TRANSACTION ADVISOR	Signature: John Physics
New Operator's License No. 32446	Contact Person: THE PRINTING ARLENE VALUQUE TTE
New Operator's Name & Address: MERIT ENERGY COMPA	
13727 NOEL RD., STE	NY, LLC Phone: 972-
	Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.
DALLAS, TEXAS 75240	Date: 4/4/16
Fille: REGULATORY MANAGER	Signature: allene Vallizuette
/	
Acknowledgment of Transfer: The above request for trans	fer of injection authorization, surface pit permit # has been
noted, approved and duly recorded in the records of the Kans	as 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 ackn	Owledged as
he new operator and may continue to inject fluids as at	15 donnowiedged as
	the surface pit
Permit No.: Recommended action:	permitted by No.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR 4-20	0-16 PRODUCTION 4-21-46 UAPR 21 2016
Mail to: Past Operator	New Operator District

Side Two

Must Be Filed For All Wells

KCC WICHITA APR 07 2016

RECEIVED

KDOR Lease	No.: 203093				REOLIVE -
	PACKER UNIT		* Location:8	80 AC OUT OF S/2 T348	S R35W SEC2
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)
1	15-189-00503 🗸	2475 FNL 2970 FSL FNL	2475 FWL - Circle 2970 FELFW	- Well Inven GAS	•
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
			FEL/FWL		
			FEL/FWL		

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 With all Forms Country When the sum of the sum o

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) X 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_NWSec. 2Twp. 34S. R. 35 East ▼ West County: Stevens Lease Name: R.W. Packer 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: B&K Farm Enterprises LLC Address 1: 3603-A Fairway Dr. Address 2:	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.
the KCC with a plat showing the predicted locations of lease roads, tank	dic Protection Borehole Intent), you must supply the surface owners and batteries, pipelines, and electrical lines. The locations shown on the plat the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, ar	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form reing filed is a Form C-1 or Form CB-1, the plat(s) required by this
I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface ow task, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.
Date: 3/16/2016 Signature of Operator or Agent:	Title: Transaction Advisor