### 040116\_Roy\_Evenson\_SW.pdf KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

APR 07 2016 Form must be Typed

Form T-1 July 2014

## REQUEST FOR CHANGE OF OPERATOR RECEIVED blanks must be Filled SFER OF INJECTION OR SUPERACE DIT DESCRIPTION TRANSFER OF INJECTION OR SURFACE PIT PERMIT

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

Check Applicable Boxes:	pplicable 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 1 **	KS Dept of Revenue Lease No.:			
Gas Gathering System:	Lease Name: ROY EVENSON			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S	Line NE - NE - SW Sec. 29 Twp. 31S R. 33 E V W			
feet from E / W	Line Legal Description of Lease: 320 AC OUT OF S/2 T31S R33W SEC 29			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: SEWARD			
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 Settline	feet from ☐ E / ☐ W Line of Section  ☐ Haul-Off ☐ Workover ↑ € ☐ Drilling			
	g Haul-Off Workover OR Drilling			
Past Operator's License No. 32730 🗸	Contact Person: JOHN PHIPPS			
Past Operator's Name & Address: FOUR STAR OIL & GAS COM	MPANY Phone: 713-372-1187			
P. O. BOX 2100, HOUSTON, TEXAS 77252	Date: 03/28/2016			
Title: TRANSACTION ADVISOR	Signature: John Physics			
Now Operator's License No. 32446	Contact Person: Contact Person: Contact Person:			
New Operator's License No.	· · · · · · · · · · · · · · · · · · ·			
New Operator's Name & Address: MERIT ENERGY COMPANY,	LLC Phone: 972-1695 618-1558			
13727 NOEL RD, STE	Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.			
DALLAS, TEXAS 75240	Date: 4/4/16			
Title: REGULATORY MANAGER	Signature: alliquette			
Acknowledgment of Transfer: The above request for transfer of	of injection authorization, surface pit permit # has been			
noted, approved and duly recorded in the records of the Kansas C	orporation Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership inte	erest in the above injection well(s) or pit permit.			
is acknowle	edged as is acknowledged as			
the new operator and may continue to inject fluids as autho	•			
Permit No.: Recommended action:	, , , , , , , , , , , , , , , , , , ,			
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT EPR 4-30	76 PRODUCTION 4-2146 APR 21 2016			
Mail to: Past Operator	New Operator District			

### Must Be Filed For All Wells

# APR 0 7 2016

KDOR Lease No.: 201123

RECEIVED

* Lease Name:	ROY EVENSON	* Location: 320 AC OUT OF S/2 T31S R33W SEC 29			
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	<u>15-175</u> -00492√	2518 Circle	2777 Circle	GAS	PRODUCING
		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		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		

A separate sheet may be attached if necessary

<sup>\*</sup> When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.

### KCC WICHITA

#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

APR 07 2016

Form KSONA-1 July 2010 Form Must Be Typed

## CERTIFICATION OF COMPLIANCE WITH THE CEIVED Form must be Signed All blanks must be Filled KANSAS SURFACE OWNER NOTIFICATION ACT

This form must be submitted with all Forms C-1 (Notice of Intent to Drill); CB-1 (Cathodic Protection Borehole Intent); T-1 (Request for Change of Operator Transfer of Injection or Surface Pit Permit); and CP-1 (Well Plugging Application). Any such form submitted without an accompanying Form KSONA-1 will be returned.

Select the corresponding form being filed: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent)
OPERATOR: License # 32730  Name: Four Star Oil & Gas Company  Address 1: PO Box 2100	Well Location:  NE_NE_NE_SW_Sec. 29 Twp. 31 S. R. 33 ☐ East ➤ West
	County: Seward  Lease Name: Roy Evenson Well #: 1
Address 2:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Contact Person: John Phipps Phone: ( 713 ) 372-1187 Fax: ( 713 ) 372-1107 Email Address: johnphipps@chevron	
Surface Owner Information:  Name: Thelma Jean Lambert Trust  Address 1: 19115 Road P  Address 2:	When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.
If this form is being submitted with a Form C-1 (Intent) or CB-1 (Cathod the KCC with a plat showing the predicted locations of lease roads, tank are preliminary non-binding estimates. The locations may be entered on Select one of the following:	tic 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.
owner(s) of the land upon which the subject well is or will be loc	ct (House Bill 2032), I have provided the following to the surface cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this ad email address.
I have not provided this information to the surface owner(s). I acknowledge that I am being charged a \$30.00 handling f	knowledge 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	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
I hereby certify that the statements made herein are true and correct to t	he best of my knowledge and belief.
Date: 3/28/2016 Signature of Operator or Agent:	Title: Transaction Advisor