O40116_T_J_Isom_1.pdf

KANSAS CORPORATION COMMISSION APR 0.7 2016
OIL & GAS CONSERVATION DUTTER

APR 0.7 2016 OIL & GAS CONSERVATION DIVISION

Form T-1 July 2014

Form must be Typed RECEIVED m 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,

Check Applicable Boxes: MUST be	e 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.: 201983
Gas Gathering System:	Lease Name: T. J. ISOM /
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	C - N2 - NV Sec. 12 Twp. 34S R. 39 EVW
feet from E / W Line	Legal Description of Lease: 160 AC OUT OF NW/4 T34S R39W SEC 12
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)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover OP Drilling
Past Operator's License No. 32730 ✓	Contact Person: JOHN PHIPPS
Past Operator's Name & Address: FOUR STAR OIL & GAS COMPA	
P. O. BOX 2100, HOUSTON, TEXAS 77252	Date: 03/28/2016
Title: TRANSACTION ADVISOR	Signature: Signature:
20440 /	- Agrandan
New Operator's License No	Contact Person: ARLENE VALLIQUETTE
New Operator's Name & Address: MERIT ENERGY COMPANY, LLC	Phone: 972-
13727 NOEL RD, STE 1200	Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC.
DALLAS, TEXAS 75240	Date: 4/4/16
Title: REGULATOMY MANAGER	Signature: Allene Valliquette
/	
Acknowledgment of Transfer: The above request for transfer of in	jection authorization, surface pit permit # has been
noted, approved and duly recorded in the records of the Kansas Corpo	oration Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest	t in the above injection well(s) or pit permit.
is acknowledge	ed as is acknowledged as
the new operator and may continue to inject fluids as authorize	the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
Date	Date:
Date: Authorized Signature	Date:
DISTRICT EPR 4-20-/6	
	Operator District

KCC WICHITA

Must Be Filed For All Wells

APR 07 2016

201983 RECEIVED KDOR Lease No.: T. J. ISOM 160 AC OUT OF NW/4 T34S R39W SEC 12 * Lease Name: _ Well No. Type of Well (Oil/Gas/INJ/WSW) API No. Footage from Section Line Well Status (YR DRLD/PRE '67) (i.e. FSL = Feet from South Line) (PROD/TA'D/Abandoned) Well Inventory. 1320 FWL PRÓDUCING 15-189-00670**-**01 ✓ FSL/FNL FEL/FWL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL F\$L/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

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.

KCC WICHITA

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

APR 07 2016

Form KSONA-1 July 2010

CERTIFICATION OF COMPLIANCE WITH THE RECEIVED Form Must Be Typed 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 (Cathodic Protection Borehole Intent) X T-1 (Transfer) CP-1 (Plugging Application)	
OPERATOR: License # 32730 Name: Four Star Oil & Gas Company	Well Location: NWSec. 12 Twp. 34 S. R. 39 ☐ East 🗷 West	
Address 1: PO Box 2100	County: Stevens	
Address 2:	Lease Name: T.J. Isom Well #: 1	
City: 1003:011 State: 17 Zip: 17232 + 2100	If filing a Form T-1 for multiple wells on a lease, enter the legal description o the lease below:	
Contact Person: 372-1187 713 372-1107	are lease below.	
Address 2: City: Houston State: TX Zip: 77252 + 2100 Contact Person: John Phipps Phone: (713) 372-1187 Email Address: johnphipps@chevron		
Email Address: 19 mpmp5@snotion		
Surface Owner Information: Name: Gary & Graciela Jordan Living Trust	When filing a Form T-1 involving multiple surface owners, attach an additiona	
Address 1: PO Box 89	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.	
Address 2:		
City: Hugoton State: KS Zip: 67951 +		
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 Acowner(s) of the land upon which the subject well is or will be lo	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by this	
I have not provided this information to the surface owner(s). I ac KCC will be required to send this information to the surface own 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	ee with this form. If the fee is not received with this form, the KSONA-1 will be returned.	
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.	
Date: 3/16/2016 Signature of Operator or Agent:	Title: Transaction Advisor	