KCC WICHITA

040116_Wray_IF.pdf APR 0 7 2016 KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

RECEIVED Form must be Typed

Form T-1 July 2014 Form must be Signed

All blanks must be Filled

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

| | tted 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.: 221873 |
| Gas Gathering System: | Lease Name: WRAY, I. F. |
| Saltwater Disposal Well - Permit No.: | |
| Spot Location:feet from N / S Line | NE - SE - NE - NE Sec. 16 Twp. 35S R. 35 EV W |
| feet from E / W Line | Legal Description of Lease: 160 ACRES NE4 SEC16 |
| Enhanced Recovery Project Permit No.: | Channa |
| Entire Project: Yes No | Steven S County: STEPHENS |
| Number of Injection Wells** | Production Zone(s):MARROW |
| Field Name: GOOCH | |
| ** Side Two Must Be Completed. | Injection Zone(s): |
| Surface Pit Permit No.: | footform N/ C Line of Continu |
| (API No. if Drill Pit, WO or Haul) | feet from N / S Line of Section |
| Type of Pit: Emergency Burn Settling | feet from E / W Line of Section |
| Type of Fit. 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: 03/17/2016 |
| Title: TRANSACTION ADVISOR | (1) Phi |
| Tide. | Signature: Cara Paragram |
| New Operator's License No. 32446 | Contact Person: JASON LINDMARK ARLENE VALLIQUE TTE |
| New Operator's Name & Address: MERIT ENERGY COMPANY, LLC | Phone: 972-6 28 485 6 628-1558 |
| 13727 NOEL RD, STE- 5907 /2 00 | |
| DALLAS, TEXAS 75240 | Oil / Gas Purchaser: CHEVRON TEXACO EXPLORATION, INC. |
| | Date: 3/30//6/ |
| Title: REGULATORY MANAGER | Signature allquette |
| | \mathcal{L} |
| Acknowledgment of Transfer: The above request for transfer of injection a | 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 a | above injection well(s) or pit permit. |
| is acknowledged as | is acknowledged as |
| the new operator and may continue to inject fluids as authorized by | the new operator of the above named lease containing the surface pit |
| • | · |
| Permit No.: Recommended action: | permitted by No.: |
| Data | Data. |
| Date: Authorized Signature | Date: |
| | |
| Mail to: Past Operator New Operato | |

APR 0.7 2016

Side Two

Must Be Filed For All Wells

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| KDOR Lease | No.: 221873 | | | | |
|-----------------|------------------------------|---|-----------------------|-----------------------------------|--------------------------------------|
| * Lease Name: _ | WRAY, I. F. | | * Location:T | 35S R35W, SEC 16 N | W SE NE NE |
| 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) |
| 3 | 15-189-22124 | 660 FS /FNL | 660 Circle FEL/ WI | GAS | PRODUCING |
| | | FSL/FNL | FEL/FWL | | · |
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| | | FOL/FINL | 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 APR 07 2016

Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Form KSQNA-1

RECEIVED 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 (C | Cathodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🗆 CP-1 (Plugging Application) | | | |
|--|---|--|--|--|
| OPERATOR: License # 32730 Name: Four Star Oil & Gas Company | Well Location: NW_SE_NE_NE_Sec. 16 Twp. 35_S. R. 35 East West | | | |
| Address 1: PO Box 2100 | County: Stevens | | | |
| | Lease Name: Wray I.F. Well #: 3 | | | |
| 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 | | | | |
| Contact Person: John Phipps Phone: (713) 372-1187 Fax: (713) 372-1107 Email Address: johnphipps@chevron | | | | |
| Surface Owner Information: Name: Mid America Cattle Co Address 1: P.O. 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: | | | | |
| | 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 | | | |
| | sknowledge 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: 3/3/2016 Signature of Operator or Agent. | Title: Transaction Advisor | | | |