

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: KANSAS HUGOTON**** Side Two Must Be Completed.**Effective Date of Transfer: November 1, 2016KS Dept of Revenue Lease No.: 215556Lease Name: GALL A____ - ____ - ____ Sec. 8 Twp. 28 R. 37 ☐ E ☒ WLegal Description of Lease: T 28S R 37W Sec 8 E2 6TH PRINCIPALCounty: GrantProduction Zone(s): CHASE

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. 33136Past Operator's Name & Address: Anadarko E&P Onshore LLCP.O. Box 1330, Houston, Texas 77251Title: Regulatory ManagerContact Person: Nathan S. BennettPhone: (832) 636 - 3283Date: 10/27/2016Signature: [Signature]**NOV 08 2016****CONSERVATION DIVISION
WICHITA, KS**New Operator's License No. 32446New Operator's Name & Address: Merit Energy Company, LLC13727 Noel Rd., Suite 1200Dallas, Texas 75240Title: N. Division Regulatory ManagerContact Person: Arlene ValliquettePhone: (972) 628 - 1558Oil / Gas Purchaser: Merit Energy Company, LLCDate: 10/27/16Signature: [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 1-20-17 PRODUCTION 1/23/17 UIC JAN 23 2017
Mail to: Past Operator _____ New Operator _____ District _____

* Lease Name: GALL A

* Location: 8,28S,37W

Well Status
(PROD/TA'D/Abandoned)

4041 FSL 1292 FEL Dist GPS 1/31/11

[illegible]

NOV 08 2016

CONSERVATION DIVISION
WICHITA, KS

* 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.

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**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 # 32446
Name: Merit Energy Company, LLC
Address 1: 13727 Noel Rd., Suite 1200
Address 2: _____
City: Dallas State: TX Zip: 75240 + _____
Contact Person: Arlene Valliquette
Phone: (972) 628 - 1558 Fax: () _____
Email Address: Arlene.Valliquette@meritenergy.com

Well Location:
_____ Sec. 8 Twp. 28 S. R. 37 ☐ East ☒ West
County: Grant
Lease Name: GALL A Well #: 3H
If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

Received
KANSAS CORPORATION COMMISSION

NOV 08 2016

Surface Owner Information:

Name: Gall Family Trust, c/o Duane C. & Frances Annice Gall, Trustees
Address 1: 911 Carriage Est Rd
Address 2: _____
City: Sherman State: TX Zip: 75092 + _____

When filing a Form T-1 involving multiple surface owners, submit 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: 10/28/16 Signature of Operator or Agent: Arlene Valliquette Title: North Division Regulatory Manager