Kansas Corporation Commission Oil & Gas Conservation Division

Form 1-1
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: Effective Date of Transfer: November 1, 2016 Oil Lease: No. of Oil Wells KS Dept of Revenue Lease No.: 214928 Gas Lease: No. of Gas Wells 1 Gas Gathering System: __ Lease Name: LOW Saltwater Disposal Well - Permit No.: ____ _____Sec.__16 __Twp._33 __R.__40 ___ E [x] W feet from N / S Line Spot Location: Legal Description of Lease: T 33S R 40W Sec 16 ALL 6TH PRINCIPAL feet from E / Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: Morton Number of Injection Wells_ Production Zone(s): CHASE Field Name: KANSAS HUGOTON Injection Zone(s):_ ** Side Two Must Be Completed. feet from S Line of Section Surface Pit Permit No .: __ (API No. if Drill Pit, WO or Haul) feet from W Line of Section Haul-Off Workover Settling Emergency Burn Type of Pit: Contact Person: Nathan S. Bennett Past Operator's License No. 33136 Past Operator's Name & Address: Anadarko E&P Onshore LLC Phone: (832) 636 - 3283 Date: 10/27/2016 P.O. Box 1330, Houston, Texas 77251 Title: Regulatory Manager Signature: Contact Person: Arlene Valliquette New Operator's License No. 32446 Received
KANSAS CORPORATION COMMISSION New Operator's Name & Address: Merit Energy Company, LLC Phone: (972) 628 - 1558 Oil / Gas Purchaser: Merit Energy Company, LLC NOV 0 8 2016 13727 Noel Rd., Suite 1200 CONSERVATION DIVISION Dallas, Texas 75240 Title: N. Division Regulatory Manager Signature: has been Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ 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 is acknowledged as the new operator of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No .:_ _____. Recommended action: ___ Authorized Signature Authorized Signature DISTRICT

Mail to: Past Operator__

Side Two

Must Be Filed For All Wells

Lease Name: LOW		* Location:16,33S,40W			
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/Abandone
1-16	1512900293	2091 FSL	2635 FWL	GAS	PR
		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		_
		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	KANS	Received SAS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL		NOV 0 8 2016
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS
		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.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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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) X T-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 32446	Well Location:		
Name: Merit Energy Company, LLC			
Address 1: 13727 Noel Rd., Suite 1200	County: Morton		
Address 2:	Lease Name: LOWWell #:1-16		
City: Dallas State: TX Zip: 75240 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Arlene Valliquette			
Disease (679) 699 1559 Fav: (
Email Address: Arlene. Valliquette@meritenergy.com Received Received KANSAS CORPORATION COM	More		
Received COM	Weston.		
Surface Owner Information: KANSAS CORPORATION DI NOV 0 8 20 Name: USFS NOV 0 8 20 Address 1: 740 Simms St. CONSERVATION DI NICHITA, K Address 2: City: Lakewood State:CO Zip: 80225 +	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, tan	odic Protection Borehole Intent), you must supply the surface owners and k batteries, pipelines, and electrical lines. The locations shown on the plat n 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 I	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this nd email address.		
KCC will be required to send this information to the surface of	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this is of the surface owner by filling out the top section of this form and 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-	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. North Division Regulatory Manager Title:		
Date: Signature of Operator or Agent: 5000000000000000000000000000000000000	Title.		