### 110116\_Neptune\_A\_1.pdf

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: Effective Date of Transfer: November 1, 2016 Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells 1 KS Dept of Revenue Lease No.: 220833 Gas Gathering System: \_\_\_ Lease Name: NEPTUNE A Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line Legal Description of Lease: T 33S R 41W Sec 17 E2 6TH PRINCIPAL feet from E / W Line 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. Surface Pit Permit No.: \_ feet from N/ S Line of Section (API No. if Drill Pit, WO or Haul) feet from W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover Past Operator's License No. 33136 / Contact Person: Nathan S. Bennett Past Operator's Name & Address: Anadarko E&P Onshore LLC Phone: (832) 636 - 3283 P.O. Box 1330, Houston, Texas 77251 Date: 10/27/2016 Title: Regulatory Manager Received KANSAS CORPORATION COMMISSION New Operator's License No. 32446 / Contact Person: Arlene Valliquette New Operator's Name & Address: Merit Energy Company, LLC Phone: (972) 628 - 1558 Oil / Gas Purchaser: Merit Energy Company, LLC 13727 Noel Rd., Suite 1200 Dallas, Texas 75240 Title: N. Division Regulatory Manager 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 and may continue to inject fluids as authorized by the new operator of the above named lease containing the surface pit \_\_\_\_\_. Recommended action: permitted by No.:\_ Date: Date: Authorized Signature Authorized Signature DISTRICT\_\_\_

Mail to: Past Operator

#### Must Be Filed For All Wells

* Lease Name	NEPTUNE A		* Location:1	7,33S,41W	
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	1512921391	/2 <b>5</b> 0 1245 FSL	2030 FEL	GAS Dist 1	IN
Washington and the same of the		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		<u> </u>
		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		
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		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.

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

Form KSONA-1
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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.

OPERATOR: License # 32446	Mall Lands		
	Well Location:Sec17		
Name: Merit Energy Company, LLC Address 1: 13727 Noel Rd., Suite 1200	County: Morton	S. R. 41 East X West	
Address 2:			
City: Dallas State: TX Zip: 75240 +	Lease Name: NEPTUNE A		
Contact Person: Arlene Valliquette	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Dharas (070 ) 000 4550 = (			
Email Address: Arlene.Valliquette@meritenergy.com	MOM		
Zeceived commission			
Email Address: Arlene. Valliquette@meritenergy.com  Surface Owner Information:  Name: Trudy Neptune  Address 1: 424 Arbor View Dr.  Address 2:	610N  When filing a Form T-1 involving multiple s		
Address 1: 424 Arbor View Dr. CONSERVCHITA.	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 r	records of the county treasurer.	
City: Belle Plaine State: KS Zip: 67013 +			
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 the Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notice Actions.	batteries, pipelines, and electrical lines. The Form C-1 plat, Form CB-1 plat, or a set the Form CB-1 plat as a se	The locations shown on the plat eparate plat may be submitted.  following to the surface	
owner(s) of the land upon which the subject well is or will be loc CP-1 that I am filing in connection with this form; 2) if the form be form; and 3) my operator name, address, phone number, fax, and	cated: 1) a copy of the Form C-1, Form ( eing filed is a Form C-1 or Form CB-1, th	CB-1, Form T-1, or Form	
I have not provided this information to the surface owner(s). I ack KCC will be required to send this information to the surface own task, I acknowledge that I must provide the name and address of that I am being charged a \$30.00 handling fee, payable to the KC	ner(s). To mitigate the additional cost of the surface owner by filling out the top	the KCC performing this	
If choosing the second option, submit payment of the \$30.00 handling fe form and the associated Form C-1, Form CB-1; Form T-1, or Form CP-1	e with this form. If the fee is not received will be returned.	d with this form, the KSONA-1	
hereby certify that the statements made herein are true and correct to the	4		
Date: 10/28/16 Signature of Operator or Agent: Arlens	Vally with Title:	vision Regulatory Manager	