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:	tted with this form.			
Oil Lease: No. of Oil Wells**	KS Dept of Revenue Lease No.: 204356 Lease Name: WARES			
X Gas Lease: No. of Gas Wells 1 **				
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:				
Spot Location:feet from N / S Line	Sec. 9 Twp. 35 R. 42 EXW			
feet from E / W Line	Legal Description of Lease: T 35 R 42W Sec 9 NE 6TH PRINCIPAL			
Enhanced Recovery Project Permit No.:				
Entire Project: Yes No	County: Morton			
Number of Injection Wells**	Production Zone(s): TOPEKA			
Field Name: GREENWOOD GAS AREA	Injection Zone(s):			
** Side Two Must Be Completed.	Jedion 2010(3)			
Surface Pit Permit No.:(API No. if Drill Pit, WO or Haul)	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 Drilling Ket			
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	Signature:			
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	Date: 10/37/16 WICHITA, KS			
Title: N. Division Regulatory Manager	Signature: Walkquette			
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been			
	Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in the a				
	, and the state of			
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.:			
Date:	Date:			
Authorized Signature	Authorized Signature			
DISTRICT	ODUCTION FEB U 6 2017 FEB U 6 2011			
Mail to: Past OperatorNew Operator_	District			

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 204356

* Lease Name	WARES		* Location:* Location:			
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)	
1-9	1512910568 -00-01	1335 FNL	1284 FEL	GAS	PR	
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Hillionia in internet a project Actività de calcino con		FSL/FNL	FEL/FWL	KANSAS CORPORA	GIVED LTION_COMMISSION	
		FSL/FNL	FEL/FWL	140 A 11	8 2010	
		FSL/FNL	FEL/FWL	CONSERVATION WICHITA,	N DIVISION KS	
		FSL/FNI	FEL/FWI			

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

Form KSONA-1
July 2014
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 (Ca			
OPERATOR: License # 32446	Well Location:		
Name: Merit Energy Company, LLC	Sec9Twp35SR42East X_West		
Address 1: 13727 Noel Rd., Suite 1200	County: Morton		
Address 2:	Lease Name: WARES Well #: 1-9		
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			
Phone: (972) 628 - 1558Fax: ()			
Email Address: Arlene.Valliquette@meritenergy.com			
KANSAS COSTIVED			
Surface Owner Information: KANSAS CORPORATION COMMISSION			
Name: OK Farms NOV 0 8 2016	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: P.O. Box 426 CONSERVATION DIVISION	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		
Address 2: WICHITA, KS	county, and in the real estate property tax records of the county treasurer.		
City: Elkhart State:KS Zip: 67950- +			
the KCC with a plat showing the predicted locations of lease roads, tank I 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 owner(s) of the land upon which the subject well is or will be located to the Kansas Surface.	t (House Bill 2032), I have provided the following to the surface		
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	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 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	er(s). To mitigate the additional cost of the KCC performing this if the surface owner by filling out the top section of this form and		
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 v	e with this form. If the fee is not received with this form, the KSONA-1 will be returned.		
hereby certify that the statements made herein are true and correct to the Date: $\frac{10}{38/16}$ Signature of Operator or Agent: $\frac{30}{38/16}$			
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