### 110116\_Barrows\_1\_31.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.

| MUST be submitted.   |   |  |  |
|--|---|--|--|
| Oil Lease: No. of Oil Wells**  | Effective Date of Transfer: November 1, 2016                                      |  |  |
| X Gas Lease: No. of Gas Wells 1 **                                       | KS Dept of Revenue Lease No.:       200476 / CR         Lease Name:       BARROWS |  |  |
| Gas Gathering System:  |   |  |  |
| Saltwater Disposal Well - Permit No.:                                    |   |  |  |
| Spot Location:feet from N / S Line                                       | Legal Description of Lease: T 34S R 38W Sec 31 SE 6TH PRINCIPAL                   |  |  |
| feet from E / W Line   | Legal Description of Lease: 13 13 13 13 13 13 13 13 13 13 13 13 13                |  |  |
| Enhanced Recovery Project Permit No.:                                    |   |  |  |
| Entire Project: Yes No   | County: Stevens   |  |  |
| Number of Injection Wells**  | Production Zone(s): CHASE   |  |  |
| Field Name: KANSAS HUGOTON   | Injection Zone(s):  |  |  |
| ** Side Two Must Be Completed.   |   |  |  |
|  | feet from N / S Line of Section   |  |  |
| Surface Pit Permit No.:(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  |  |  |
| Type of the  | Contact Person: Nathan S. Bennett   |  |  |
| Past Operator's License No. 33136 /                                      | Dogowod   |  |  |
| Past Operator's Name & Address: Anadarko E&P Onshore LLC                 | Filone.   |  |  |
| P.O. Box 1330, Houston, Texas 77251                                      | Date: 10/27/2016 NOV 0 8 2016   |  |  |
| Title: Regulatory Manager  | Signature: CONSERVATION DIVISION WICHITA, KS                                      |  |  |
|  | A Low Welliquette   |  |  |
| New Operator's License No. 32446   | Contact Person: Arlene Valliquette  |  |  |
| New Operator's Name & Address: Merit Energy Company, LLC                 | Phone: (972) 628 - 1558   |  |  |
| 13727 Noel Rd., Suite 1200   | Oil / Gas Purchaser: Merit Energy Company, LLC                                    |  |  |
| Dallas, Texas 75240  | Date: 10/28/16  |  |  |
| Title: N. Division Regulatory Manager                                    | Date: 10/28/16 Signature: Orline Vallquitte                                       |  |  |
| Title: N. Division regulatory manager                                    |   |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection  | n authorization, surface pit permit #has been                                     |  |  |
| noted approved and duly recorded in the records of the Kansas Corporatio | n Commission. This acknowledgment of transfer pertains to Kansas Corporation      |  |  |
| Commission records only and does not convey any ownership interest in th | e above injection well(s) or pit permit.  |  |  |
|  |   |  |  |
| 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   | FER 17 2017   |  |  |
| DISTRICTEPR2/16/17   | PRODUCTION District District  |  |  |
| Mail to: Past OperatorNew Opera  |   |  |  |

#### Side Two

### Must Be Filed For All Wells

| KDOR Lease N   | No.: 200476                  |   |               |                                       |  |
|--|------------------------------|---|---------------|---------------------------------------|--|
| Lease Name:_I  | BARROWS                      |   | * Location:31 | ,34S,38W                              |  |
| Well No.   | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line (i.e. FSL = Feet from South Line) |               | Type of Well<br>(Oil/Gas/INJ/WSW)     | Well Status<br>(PROD/TA'D/Abandoned            |
| 1-31   | 1518900656                   | FSL   | 1358 FEL      | 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       |                                       |  |
| 201  |                              | FSL/FNL   | FEL/FWL       |                                       |  |
|  |                              | FSL/FNL   | FEL/FWL       | KANSAS                                | Received<br>CORPORATION COMMISSION             |
| AND AND ADDRESS OF THE PARTY OF | <u> </u>                     | FSL/FNL   | FEL/FWL       | N                                     | IQV 0 8 2016                                   |
|  |                              | FSL/FNL   | FEL/FWL       | CON                                   | SERVATION DIVISION<br>—WIC <del>HITA, KS</del> |
|  |                              | FSL/FNL   | FEL/FWL       |                                       |  |
|  |                              | FSL/FNL   | FEL/FWL       |                                       |  |
|  |                              | FSL/FNL   | FEL/FWL       | V                                     |  |
| <u> </u>   | 2                            | FSL/FNL   | FEL/FWL       | · · · · · · · · · · · · · · · · · · · |  |
|  |                              | FSL/FNL   | FEL/FWL       |                                       |  |
|  |                              | FSL/FNL   | FEL/FWL       |                                       |  |
|  | * * *                        | FSL/FNL   | FEL/FWL       |                                       | _  |
|  |                              | FSL/FNL   | FEL/FWL       |                                       |  |
|  | •                            | FSL/FNL   | FEL/FWI       |                                       |  |
|  |                              | FSL/FNL   | FEL/FWl       |                                       |  |
|  | ,                            | FSL/FNL   | FEL/FWL       |                                       | · · · · · · · · · · · · · · · · · · ·          |
|  |                              | FSL/FNL   | FEL/FWL       |                                       |  |
| 7  |                              | =0.45N  | FEL/FWI       |                                       |  |

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 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.

| OPERATOR: License # 32446   | Well Location:  |  |  |  |
|---|---|--|--|--|
| Name: Merit Energy Company, LLC   |   |  |  |  |
| Address 1: 13727 Noel Rd., Suite 1200   | County: Stevens   |  |  |  |
| Address 2:  | Lease Name: BARROWSWell #:Well #:   |  |  |  |
| City: Dallas State: TX Zip: 75240 + Contact Person: Arlene Valliquette  | If filing a Form T-1 for multiple wells on a lease, enter the legal description of  |  |  |  |
| Contact Person: Arlene Valliquette  | the lease below:  Received  KANSAS CORPORATION COMMISSION   |  |  |  |
| Phone: (972) 628 - 1558Fax: ()  |   |  |  |  |
| Email Address: Arlene.Valliquette@meritenergy.com   | NOV 0 8 2016  |  |  |  |
|   | CONSERVATION DIVISION<br>WICHITA, KS  |  |  |  |
| Surface Owner Information:  |   |  |  |  |
| Name: Greg W. Morris Address 1: 501 S Wildcat Ct.   | 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   |  |  |  |
| Address 1: 501 S Wildcat Ct.  | <ul> <li>owner information can be found in the records of the register of deeds for the</li> </ul>  |  |  |  |
| Address 2:  | county, and in the real estate property tax records of the county treasurer.  |  |  |  |
| City: <u>Hugoton</u> State:KS Zip: 67951 +  | _   |  |  |  |
| Select one of the following:  X   certify that, pursuant to the Kansas Surface Owner Notice that the subject well is or will be a subject well in the subject well in | e Act (House Bill 2032), I have provided the following to the surface be located: 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  |  |  |  |
| form; and 3) my operator name, address, phone number, fax   | and email address.  |  |  |  |
| KCC will be required to send this information to the surface  | I acknowledge that, because I have not provided this information, the e owner(s). To mitigate the additional cost of the KCC performing this tess of the surface owner by filling out the top section of this form and the KCC, which is enclosed with this form. |  |  |  |
| that I am being charged a \$30.00 handling fee, payable to the  |   |  |  |  |
|   | ing fee with this form. If the fee is not received with this form, the KSONA-1<br>CP-1 will be returned.  |  |  |  |
| If choosing the second option, submit payment of the \$30.00 hands form and the associated Form C-1, Form CB-1, Form T-1, or Form C   | CP-1 WIII be returned.  |  |  |  |
| If choosing the second option, submit payment of the \$30.00 handle   | et to the best of my knowledge and belief.  |  |  |  |