### 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.

theck Applicable Boxes:	itted with this form.				
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.: 201291 VICR				
Gas Gathering System:	Lease Name: FINCH				
Saltwater Disposal Well - Permit No.:					
Spot Location:feet from N / S Line	T 24S P 28W Sec 13 SW 6TH PRINCIPAL				
feet from E / W Line	Legal Description of Lease: T 34S R 38W Sec 13 SW 6TH PRINCIPAL				
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)					
	Deilling //				
Type of Pit: Emergency Burn Settling	Tradition				
Past Operator's License No. 33136	Phone: (832) 636 - 3283  Phone: (832) 636 - 3283  Received  Received  Received  Received				
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				
	Signature: CONSERVATION DIVISION WICHITA, KS				
Title: Regulatory Manager	Signature. CONSENICHITA, KS				
22447	Contact Person: Arlene Valliquette				
New Operator's License No. 32446 √	Phone: (972) 628 - 1558				
New Operator's Name & Address: Merit Energy Company, LLC					
13727 Noel Rd., Suite 1200	Oil / Gas Purchaser: Merit Energy Company, LLC				
Dallas, Texas 75240	Date: 10/2 8/16				
Title: N. Division Regulatory Manager	Signature: Arlens Vallequelle				
Title:	$\mathcal{C}$				
Acknowledgment of Transfer: The above request for transfer of injection	on authorization, surface pit permit #has been				
noted, approved and duly recorded in the records of the Kansas Corporati	on Commission. This acknowledgment of transfer pertains to Kansas Corporation				
Commission records only and does not convey any ownership interest in t	he above injection well(s) or pit permit.				
is acknowledged a					
the new operator and may continue to inject fluids as authorized b	the new operator of the above named lease containing the surface pi				
Permit No.: Recommended action:					
1 Office Host					
Date:	Date: Authorized Signature				
Authorized Signature	7701				
DISTRICTEPR2/16/17					
Mail to: Past OperatorNew Oper	ratorDistrict				

#### Side Two

#### Must Be Filed For All Wells

	No.: 201291						
Lease Name:	FINCH		* Location: 13,34S,38W				
Well No. API No. (YR DRLD/PRE '67)		Footage from S	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)		
1-13	1518900631	1677 FSL	1314 FWL	GAS	PR		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	# 1	FSL/FNL	FEL/FWL				
	***************************************				Received REPORATION COMMISSION		
	, m	FSL/FNL	FEL/FWL	- N	11 0 8 5010		
		FSL/FNL	FEL/FWL	CON	SERVATION DIVISION WICHITA, KS		
		FSL/FNL	FEL/FWL		William		
					v.		
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MANAGEMENT OF THE PARTY OF THE		FSL/FNL					
		FSL/FNL	FEL/FWI	L			
***************************************		FSL/FNL					
		FSL/FNL		/L			
No. of Act of Section 1984 and		FSL/FNL		/L			
		FSL/FNL					
		FSL/FNL					
		FSL/FNL					
**************************************							
4		FSL/FNI	FEL/FW	/L			

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.

Address 1: 13727 Noel Rd., Suite 1200 County: Stevens	Select the corresponding form being filed: C-1 (Intent) CB-1	Cathodic Protection Borehole Intent) X T-1 (Transfe	r) CP-1 (Plugging Application)		
Name: Merit Energy Company; LLC  Address 1: 13727 Nocl Rd. Suite 1200  County: Stevens  Reaceved  Wass-Corroration counter  Reaceved  Wass-Corroration County: Stevens  Reaceved  Reaceved Reaceved	ODEDATOR: License # 32446	Well Location:			
Address 1: 13727 Nocl Rd., Suite 1200  Address 2: City_ Dallats		Sec13Twp34_	_S. R. 38 East X West		
Address 2:  City_ Dallas State_TX_Zip_75240_+  Contact Person. Ariene Valliquette  Phone: (972_) 628 - 1558Fax:		County: Stevens			
City. Dallas State: TX Zip. 75240 +   Contact Person. Artene Valliquette   Phone: (972) 628 - 1558 Fax: ()    Surface Owner Information:  Name: Kay Anita Murray, Et Al   Address 1: P.O. Box 548    Address 2: P.O. Box 548    Address 3: P.O. Box 548    Address 4: P.O. Box 548    Address 5: P.O. Box 548    Address 6: P.O. Box 548    Address 7: P.O. Box 548    Address 8: P.O. Box 548    Address 8: P.O. Box 548    Address 8: P.O. Box 548    Address 9: P.O. Box 548    A		Lease Name: FINCH	Well #:1-13		
Contact Person. Arlene Valliquette Phone: (972) 628 - 1558Fax: ()    Surface Owner Information:   Surface Owner Information:	City: Dallas State: TX Zip: 75240 +				
Phone: (972) 628 - 1558 Fax:		the lease below:			
Surface Owner Information:  Name: Kay Anita Murray, Et Al  Address 1: P.O. Box 548  Address 2:			PORATION COMMISSION		
Surface Owner Information:  Name: Kay Anita Murray, Et Al  Address 1: P.O. Box 548  Address 2: City: Hugoton State:KS Zip: 67951- +  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, or a separate plat may be submitted.  Select one of the following:  X 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; and 5) 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 filing out the top section of this form. If the fee is not received 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.			v n 8 2016		
Surface Owner Information:  Name: Kay Anita Murray, Et Al  Address 1: P.O. Box 548  Address 2:	Elliali Addicas.	NO	DVATION DIVISION		
Name: Kay Anita Murray, Et Al  Address 1: P.O. Box 548  Address 2:		CONSE	WICHITA, KS		
Address 1: P.O. Box 548  Address 2:		When fling a Form T.1 involving multiple s	urface owners, attach an additional		
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:  X   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.		about listing all of the information to the le	eft for each surface owner. Surface		
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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:  X 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.	Address 2:	_			
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KCC will be required to send this information to the surface owner(s). To mitigate the additional cost of the RCC performing the 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.	<ul> <li>the KCC with a plat showing the predicted locations of lease roads, to are preliminary non-binding estimates. The locations may be entered.</li> <li>Select one of the following:</li> <li>X   certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form.</li> </ul>	e Act (House Bill 2032), I have provided the located: 1) a copy of the Form C-1, Form the provided is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1, the located is a Form C-1 or Form CB-1.	eparate plat may be submitted.  e following to the surface CB-1, Form T-1, or Form		
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I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.  North Division Regulatory Manage  Date: 10/28/16 Signature of Operator or Agent: Allers Valley Little:	If choosing the second option, submit payment of the \$30.00 handli form and the associated Form C-1, Form CB-1, Form T-1, or Form C	ing fee with this form. If the fee is not receive CP-1 will be returned.	ed with this form, the KSONA-1		
Date: 10/28/16 Signature of Operator or Agent: Aslesse Valley with Division Regulatory Manage Title:	I hereby certify that the statements made herein are true and correct	t to the best of my knowledge and belief.			
	Date: 10/28/16 Signature of Operator or Agent: Acles	w Vallequette			