District

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: December 1, 2016 Oil Lease: No. of Oil Wells Effective Date of Transfer: KS Dept of Revenue Lease No.: 233212 Gas Lease: No. of Gas Wells Gas Gathering System: Government Lease Name: Saltwater Disposal Well - Permit No.: - NW Sec. 3 Twp. 34 R. 42 feet from Spot Location: S Line Sec. 3-34S-42W Legal Description of Lease: feet from W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Morton County: Number of Injection Wells Morrow Production Zone(s): Greenwood Field Name: Injection Zone(s): ** Side Two Must Be Completed. S Line of Section Surface Pit Permit No .: (API No. if Drill Pit, WO or Haul) W Line of Section feet from Type of Pit: Emergency Burn Settling Haul-Off Workover Drilling 32638 1/ James F. Adelson Past Operator's License No. Contact Person: Nadel and Gussman LLC 918-583-3333 Past Operator's Name & Address: Phone: 15 E. 5th St., Suite 3300, Tulsa, OK 74103 Date: Title: Manager Signature: 32446 🗸 Arlene Valliquette New Operator's License No. Contact Person: Received KANSAS CORPORATION COMMISSION New Operator's Name & Address: Merit Energy Company, LLC Phone: 972-628-1558 DEC 0 6 2016 13727 Noel Road, Suite 1200, Dallas, TX 75240 Oil / Gas Purchaser: NCRA / Energy Transfer CONSERVATION DIVISION Title: North Division Regulatory Manager Signature: 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 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 PRODUCTION

Mail to: Past Operator

Side Two

Must Be Filed For All Wells

233212 KDOR Lease No.:

Sec. 3-34S-42W Government * Location: * Lease Name:

Well Status (PROD/TA'D/Abandoned) Type of Well (Oil/Gas/INJ/WSW) Well No. API No. Footage from Section Line (YR DRLD/PRE '67) (i.e. FSL = Feet from South Line) 1909 FSLIFNI Circle 15-129-21634-0000 J Prod 674 Gas 2-3 FELEW FEL/FWL FSL/FNL **FEL/FWL** FSL/FNL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL **FEL/FWL** FSL/FNL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FSL/FNL **FEL/FWL FSL/FNL** FEL/FWL FSL/FNL FEL/FWL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL **FSL/FNL** FEL/FWL FSL/FNL FSL/FNL FEL/FWL FSL/FNL FEL/FWL FSL/FNL FEL/FWL

A separate sheet may be attached if necessary

FEL/FWL

FSL/FNL

^{*} 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 # 32638	Well Location:
Name: Nadel and Gussman LLC	$_{-}$ SW_NW Sec. 3 Twp. 34 S. R. 42 East × West
Address 1: 15 E. 5th St., Suite 3300	County: Morton
Address 2: James Knipe	Lease Name: Government Well #: 2-3
City: Tulsa State: OK Zip: 74103 +	If filing a Form T-1 for multiple wells on a lease, enter the legal description of
Contact Person:	the lease below:
Phone: (918) 583-3333 Fax: (918) 583-0888	
Email Address: Jknipe@naguss.com	
Surface Owner Information: See Attachment	When filing a Form T.1 involving multiple gurfage europe, attach an additional
Address 1:	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.
Address 2:	
City: State: Zip: +	
0.00	
	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.
Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice A	n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. Act (House Bill 2032), I have provided the following to the surface
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be let	n the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted. 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
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner.	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 and email address. 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
Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be to CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ow task, I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the MI choosing the second option, submit payment of the \$30.00 handling	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 and email address. Acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. A fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
Select one of the following: X I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be lower CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner(s). I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the lift 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-	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 and email address. Acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. A fee with this form. If the fee is not received with this form, the KSONA-1 will be returned.
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Select one of the following: I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be long CP-1 that I am filing in connection with this form; 2) if the form I form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface owner(s). I acknowledge that I must provide the name and address that I am being charged a \$30.00 handling fee, payable to the lift 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-	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 and email address. Acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this so of the surface owner by filling out the top section of this form and KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 will be returned.

Government 2-3 Surface Owners Section 3-34S-42W Morton County, KS

SW/4 NW/4:

US Forrest Service Cimarron National Grasslands PO Box 300 Elkhart KS 67950

Received
KANSAS CORPORATION COMMISSION

DEC 0 6 2016 CONSERVATION DIVISION WICHITA, KS