

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 SOUTH MARKET, ROOM 2078
WICHITA, KANSAS 67202

Check Applicable Boxes

Effective Date Of Transfer 4/01/99

[X] Oil Lease: No. of Wells 2

Lease Name Schuman

[] Gas Lease: No. of Wells _____

_____-_____-_____-_____-_____-_____-_____-_____-_____- Sec 20-T30S-R7W

[] Saltwater Disposal Well

Legal Description of Lease

Docket Number _____

NW/4 & W/2 NE/4 Section 20

Spot Location: _____ feet from N/S Line

County Kingman

_____ feet from E/W Line

Production Zones Mississippi Chat

[] Enhanced Recovery Proj.

Docket Number _____

Injection Zones _____

Entire Project: YES/NO

Number of Injection Wells _____

Field Name Spivey Grabs

Surface Pond Permit # _____

_____ Feet from N/S Line of Section

(API# if Drill Pit) _____

_____ Feet from E/W Line of Section

Identify: Emergency Pit ☐

Burn Pit ☐

Storage Pit ☐

Drill Pit ☐

Past Operator's License No. 5615 ✓

Contact Person: Scott M. Webb

Past Operator's Name and Address:

Phone: (303) 308-8500

Ocean Energy Resources, Inc.

1670 Broadway, STE 2800

Date 4/05/99

Denver, Colorado 80202-4826

Title Regulatory Coordinator

Signature *[Signature]*

New Operator's License No. 32446 ✓

Contact Person Arlene Valliquette

New Operator's Name and Address

Phone (972) 701-8377

Merit Energy Company

12222 Merit Drive, STE 1500

Oil/Gas Purchaser Texaco Trading and Trans.

Dallas, Texas 75251

Date 4/07/99

Title Manager Regulatory Affairs

Signature *Arlene Valliquette*

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # _____ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

_____ is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # _____.

Recommended action _____

_____ is acknowledged as the new operator of the above named lease containing the surface pond permitted by # _____.

Date _____
Authorized Signature _____

Date _____
Authorized Signature _____

CONSERVATION DIVISION
Wichita Kansas

Form T1 7/94

EPR

MUST BE FILED FOR ALL WELLS

*Lease Name Schuman

*Location Kingman County

[illegible]