Form T-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filled

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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:

☑ Oil Lease: No. of Oil Wells 2 **
☐ Gas Lease: No. of Gas Wells ________ **
☐ Gas Gathering System: ________
☐ Saltwater Disposal Well - Permit No.: ________
Spot Location: ________ feet from ☐ N / ☐ S Line
________ feet from ☐ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: ________
Entire Project: ☐ Yes ☐ No
Number of Injection Wells ________ **
Field Name: Barry

***** Side Two Must Be Completed.***

Effective Date of Transfer: ~~9/26/2012~~ 10/1/12
KS Dept of Revenue Lease No.: 127232
Lease Name: Barry D
___ - ___ - ___ - ___ Sec. 11 Twp. 9 R. 19 ☐ E ☑ W
Legal Description of Lease: NE Sec 11
County: Rooks
Production Zone(s): LKC, ARB
Injection Zone(s): ________

Surface Pit Permit No.: ________
(API No. if Drill Pit, WO or Haul)
________ feet from ☐ N / ☐ S Line of Section
________ feet from ☐ E / ☐ W Line of Section

Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OK ☐ Drilling

Past Operator's License No. 33190
Past Operator's Name & Address: Noble Energy, Inc.
100 Glenborough Suite 100; Houston, TX 77067
Title: Jeff Schwarz - Rocky Mountain Business Unit Manager

Contact Person: Liz Lindow
Phone: 303-228-4342
Date: 9/26/2012
Signature: Jeff Schwarz

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New Operator's License No. 03553
New Operator's Name & Address: Citation Oil & Gas Corp.
14077 Cutten Road, Conroe, Texas 77069-2212
Title: Robert T Kennedy - Sr. Vice President

Contact Person: Sharon Ward
Phone: 281-891-1556
Oil / Gas Purchaser: Duke
Date: 9/26/2012
Signature: Robert T. Kennedy

Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # ________ has been 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 Permit No.: ________ . Recommended action: ________
Date: ________ ________
Authorized Signature

________ is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.: ________ .
Date: ________ ________
Authorized Signature

DISTRICT ________ EPR 1/8/13 PRODUCTION 1-9-13 UIC 1-9-13
Mail to: Past Operator ________ New Operator ________ District ________

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

100112_Barry_D.pdf

Side Two

Must Be Filed For All Wells

KDOR Lease No.: 127232

* Lease Name: Barry D * Location: Sec 11 T9S R19W

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)
04	15-163-09552-0002 ✓	954	*Circle* FSL/~~FNL~~	996	*Circle* ~~FEL~~/FWL	OIL	PR
05	15-163-01625-0001 ✓	1644	FSL/~~FNL~~	340	~~FEL~~/FWL	OIL	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		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
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			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		

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.

[illegible]

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form KSONA-1
July 2010
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 (Cathodic Protection Borehole Intent) ☒ T-1 (Transfer) ☐ CP-1 (Plugging Application)

OPERATOR: License # 33190
Name: Noble Energy, Inc.
Address 1: 1625 Broadway, Suite 2200
Address 2:
City: Denver State: CO Zip: 80202 + ____
Contact Person: Liz Lindow
Phone: (303) 228-4342 Fax: (____) ____
Email Address: llindow@nobleenergyinc.com

Well Location:
__ - __ - __ - __ Sec. __ Twp. 9 S. R. 19 ☐ East ☒ West
County: Rooks
Lease Name: multiple Well #: multiple

If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:

see attached well list

Surface Owner Information:
Name: Sims Family Irrevocable Trust
Address 1: ATTN: Thomas & Nina Sims Trustees
Address 2: P.O. Box 286
City: Chautauqua State: KS Zip: 67334 + ____

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.

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:

☒ 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 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.

Date: 10/30/2012 Signature of Operator or Agent: ____ Title: Regulatory Analyst

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Mail to: KCC - Conservation Division. 130 S. Market - Room 2078. Wichita. Kansas 67202

Lease Name	Well No	API Number	County	Sec.	TWN	Rge	R_Dir	Q4	Q3	Q2	Q1
BARRY A	021	15-163-23353	ROOKS	2	9	19	W	SW	NW	NW	SE
BARRY A	022	15-163-23368	ROOKS	2	9	19	W	SE	NW	NE	SE
BARRY A	023	15-163-23376	ROOKS	2	9	19	W	NE	SE	NW	SE
* BARRY D	05	15-163-01625-0001	ROOKS	11	9	19	W	NW	NE	SE	NE
* BARRY D	D04	15-163-09552-0002	ROOKS	11	9	19	W	NE	SW	NE	NE
BARRY LKC UNIT	06-46	15-163-23477	ROOKS	2	9	19	W	NW	SE	NE	SE
BARRY LKC UNIT	06-W02	15-163-19305-0001	ROOKS	11	9	19	W	SW	NE	NW	NE
BARRY LKC UNIT	6W-19	15-163-03275-0001	ROOKS	2	9	19	W	NW	NW	SW	SE
BARRY LKC UNIT	SWD D-11	15-163-02844	ROOKS	2	9	19	W	SE	SE	SW	SE
BARRY LKC UNIT	06-16	15-163-03024-0001	ROOKS	2	9	19	W	NW	SW	NW	SE
BARRY LKC UNIT	06-01	15-163-01621	ROOKS	11	9	19	W	NW	NE	NE	NE
BARRY LKC UNIT	06-06	15-163-01626	ROOKS	11	9	19	W	NW	NW	NW	NE
BARRY LKC UNIT	06-11	15-163-03496	ROOKS	2	9	19	W	NW	NE	SE	SE
BARRY LKC UNIT	06-12	15-163-03497	ROOKS	2	9	19	W	NW	NE	SW	SE
BARRY LKC UNIT	06-13	15-163-03191	ROOKS	2	9	19	W	NW	NE	NW	SE
BARRY LKC UNIT	06-14	15-163-03192	ROOKS	2	9	19	W	SE	NE	NE	SE
BARRY LKC UNIT	06-15	15-163-03366	ROOKS	2	9	19	W	NE	SW	NE	SE
BARRY LKC UNIT	06-18	15-163-03195	ROOKS	2	9	19	W	NW	SW	SW	SE