100112 Keller Sutor.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 March 2010 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:	Effective Date of Transfer: 9/26/2012 18/1/12		
Oil Lease: No. of Oil Wells 2			
Gas Lease: No. of Gas Wells**	KS Dept of Revenue Lease No.: 129510		
Gas Gathering System:	Lease Name: Keller Sutor		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	Legal Description of Lease: SESWNE Sec. 2		
feet from E / W Line	Logal Booshiphon of Louis -		
Enhanced Recovery Project Permit No.:	Graham		
Entire Project: Yes No	County: Graham		
Number of Injection Wells***	Production Zone(s): Lower Arbuckle		
Field Name: Cooper	Injection Zone(s):		
** Side Two Must Be Completed.			
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. if Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
Past Operator's License No	Contact Person: Liz Lindow		
Past Operator's Name & Address: Noble Energy, Inc.	Phone: 303-228-4342		
100 Glenborough Suite 100; Houston, TX 77067	Date: 9/26/2012		
Title: Jeff Schwarz - Rocky Mountain Business Unit Manager	NECEIVED		
Title: Jen Schwarz - Nocky Mountain Business o'nt Manager	Signature:		
03553			
New Operator's License No. 03553	Contact Person: Sharon Ward KCC WICHITA		
New Operator's Name & Address: Citation Oil & Gas Corp.	Phone: 281-891-1556		
14077 Cutten Road, Conroe, Texas 77069-2212	Oil / Gas Purchaser: Duke		
	Date: 9/26/2012		
Title: Robert T Kennedy - Sr. Vice President	Signature: What J.		
Inte.			
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been		
	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	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.:		
Territoria.			
Date:	Date:		
Authorized Signature	Authorized Signature		
DISTRICT EPR $2/4/13$	PRODUCTION $2.5.13$ UIC $a-5-13$		
Mail to: Past Operator New Operat	tor District		

Side Two

Must Be Filed For All Wells

* Lease Name: Keller Sutor			* Location:S	Sec 2 T10S R21W	
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
01	15-065-22521-0001	Circle 2332 FSL/FXIL		OIL	<u>PR</u>
		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		
			FEL/FWL		
		501 /5NI	FEL/FWL		
1.000			FEL/FWL		
			FEL/FWL		
34***					
					RECEIVED
	-				OCT 0 4 2012
					KCC WICHITA
		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.

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:	(Cathodic Protection Borehole Intent)		
OPERATOR: License # 33190			
Name: Noble Energy, Inc.	Well Location:		
Name: Noble Energy, Inc. Address 1: 1625 Broadway, Suite 2200	SW_SE_SW_NE_Sec. 2 Twp. 10 S. R. 21 East West County: Graham		
Address 2:	Lagas Name: Keller Sutor		
City: Denver State: CO Zio: 80202	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: Liz Lindow			
Phone: (303) 228-4342 Fax: ()			
City: Denver State: CO Zip: 80202 + Contact Person: Liz Lindow Phone: (303) 228-4342 Fax: () Email Address: llindow@nobleenergyinc.com			
Surface Owner Information: Name: Janelle Keller Trust			
Address 1: 22816 W 23rd St	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 (:	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:	county, and in the real estate property tax records of the county treasurer.		
the KCC with a plat showing the predicted locations of lease roads, tan are preliminary non-binding estimates. The locations may be entered a Select one of the following:	nk batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
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 form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a	acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this		
If 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	g fee with this form. If the fee is not received with this form, the KSONA-1 -1 will be returned.		
hereby certify that the statements made herein are true and correct to			
Date: 10/30/2012 Signature of Operator or Agent:	Title: Regulatory Analyst RECEIVED NOV 0 1 2012		
) ALCEIVED		
	NOV 0 1 2012		

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

KCC WICHITA