

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.

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

Check Applicable Boxes:

☒ Oil Lease: No. of Oil Wells 2 **
☐ Gas Lease: No. of Gas Wells _____ **
☐ Gas Gathering System: _____
☒ Saltwater Disposal Well - Permit No.: D-19,653
Spot Location: 182 feet from ☒ N / ☐ S Line
63 feet from ☒ E / ☐ W Line
☐ Enhanced Recovery Project Permit No.: _____
Entire Project: ☐ Yes ☐ No
Number of Injection Wells _____ **
Field Name: Aldrich

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

Effective Date of Transfer: 9/26/2012 10/1/12
KS Dept of Revenue Lease No.: 130728
Lease Name: Reed
_____ Sec. 5 Twp. 18 R. 25 ☐ E ☒ W
Legal Description of Lease: NENE Sec 5
County: Ness
Production Zone(s): Mississippi
Injection Zone(s): Cedar Hills

Surface Pit Permit No.: _____
(API No. if Drill Pit, WO or Haul)
Type of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover OK ☐ Drilling
_____ feet from ☐ N / ☐ S Line of Section
_____ feet from ☐ E / ☐ W Line of Section

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 **RECEIVED**
OCT 04 2012
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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.

Citation Oil & Gas Corporation is acknowledged as
the new operator and may continue to inject fluids as authorized by
Permit No.: D-19,653 . Recommended action: None
Date: 2-22-13 Cheryl L. Boyer
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 2/19/13 PRODUCTION 2-28-13 UIC 2-22-13
Mail to: Past Operator 2-22-13 New Operator 2-22-13 District 1 2-22-13

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

100112_Reed_IMJ.pdf

* Location: Sec 5 T18S R25W

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* 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

**CERTIFICATION OF COMPLIANCE WITH THE
KANSAS SURFACE OWNER NOTIFICATION ACT**

Form KSONA-1
July 2010
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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:
_____ E2 Sec. 5 Twp. 18 S. R. 25 ☐ East ☒ West
County: Ness
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: Leonard Norton Trust
Address 1: 322 South Iowa Ave.
Address 2: _____
City: Ness City State: KS Zip: 67560 + _____

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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Lease Name	Well No	API Number	County	Sec.	TWN	Rge	R Dir	Q4	Q3	Q2	Q1
OLSON	01	15-135-00579	NESS	5	18	25	W	NE	SW	NW	SE
✓ REED	03	15-135-20159-0001	NESS	5	18	25	W	NE	NE	NE	NE
✓ REED	D-01	15-135-00581-0001	NESS	5	18	25	W	NE	NE	NE	NE
✓ REED	02	15-135-00582	NESS	5	18	25	W	SW	SW	NE	NE

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