

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:

Oil Lease: No. of Oil Wells 2 \*\*

Gas Lease: No. of Gas Wells \_\_\_\_\_ \*\*

Gas Gathering System: \_\_\_\_\_

Saltwater Disposal Well - Permit No.: D-24,953

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 1 \*\*

Field Name: Gorham

Effective Date of Transfer: ~~6/20/2012~~ 10/1/12

KS Dept of Revenue Lease No.: 105033

Lease Name: Amelia

\_\_\_\_\_ Sec. 6 Twp. 14 R. 14  E  W

Legal Description of Lease: W2 SW Sec. 6

County: Russell

Production Zone(s): TOP/LKC/ARB/OH

Injection Zone(s): Arbuckle

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

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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**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 Corp is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: D-24,953. Recommended action: NONE

Date: 4-4-13 Cheryl R. Bays  
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 4/3/13 PRODUCTION 4-4-13 UIC 4-4-13

Mail to: Past Operator 4-4-13 New Operator 4-4-13 District 4 4-4-13

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

100112\_Amelia\_IMJ.pdf



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:  
\_\_\_\_\_ W2 SW Sec. 6 Twp. 14 S. R. 14  East  West  
County: Russell  
Lease Name: Amelia 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: Ralph A. Dumler Trust  
Address 1: 348 Terrace Trail  
Address 2: \_\_\_\_\_  
City: W Lake Quivira State: KS Zip: 66217 + \_\_\_\_\_

*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
* AMELIA	02	15-167-06838	RUSSELL	6	14	14	W		NW	NW	SW
* AMELIA	04	15-167-22761	RUSSELL	6	14	14	W	NW	SW	SW	SW
* AMELIA	D-05	15-167-22762	RUSSELL	6	14	14	W	NW	NE	NW	SW

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NOV 01 2012  
KCC WICHITA