

JUN 28 2013

REQUEST FOR CHANGE OF OPERATOR  
TRANSFER OF INJECTION OF SURFACE PIT PERMITForm KSONA - 1, Certification of Compliance With the Kansas Surface Owner Notification Act,  
MUST be submitted with this form.

RECEIVED

Check Applicable Boxes:

☐ Oil Lease: No. of Oil Wells \_\_\_\_\_ \*\*☒ Gas Lease: No. of Gas Wells 1 \*\*☐ 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: TALOGA NORTHEAST

Effective Date of Transfer: April 1st 2013

KS Dept of Revenue Lease No.: 204024 ✓

Lease Name: TUCKER C

\_\_\_\_\_ Sec 20 Twp 34 R. 41 ☐ E ☒ W

Legal Description of Lease: \_\_\_\_\_

T 34S R 41W Sec 20 NW 6TH PRINCIPAL 1855

County: MORTON

Production Zone(s): TOPEKA

Injection Zone(s): \_\_\_\_\_

Surface Pit Permit No.: N/A

(API No. if Drill Pit, WO or Haul)

\_\_\_\_\_ feet from ☐ N / ☐ S Line of Selection\_\_\_\_\_ feet from ☐ E / ☐ W Line of SelectionType of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐ Haul-Off ☐ Workover **OR** ☐ Drilling

Past Operator's License No. 4549 ✓

Past Operator's Name &amp; Address: Anadarko Petroleum Corporation

P O Box 1330, Houston, TX 77251

Title: Regulatory Affairs Mgr.

Contact Person: Frank Davis

Phone: 832-636-3130

Date: 06/13/2013

Signature: *Frank A. Davis*

New Operator's License No. 33136 ✓

New Operator's Name &amp; Address: Anadarko E&amp;P Onshore LLC

P O Box 1330, Houston, TX 77251

Title: Regulatory Affairs Mgr.

Contact Person: Frank Davis

Phone: 832-636-3507

Oil / Gas Purchaser: ANADP

Date: 06/13/2013

Signature: *Frank A. Davis***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 8/2/13PRODUCTION 8-5-13 UIC 8-5-13

Mail to: Past Operator \_\_\_\_\_

New Operator \_\_\_\_\_

District \_\_\_\_\_

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

1040113 Tucker C.pdf

**Must Be Filled For All Wells**

**KCC WICHITA**

KDOR Lease No.: 204024 ✓

**JUN 28 2013**

\*Lease Name.: TUCKER C

\*Location.: RECEIVED 20,34S,41W

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[illegible]

*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.

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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 # 33136

Name: Anadarko E&amp;P Onshore LLC

Address 1: P.O BOX 1330

Address 2:

City: Houston State: TX Zip: 77251 - 1330

Contact Person: Frank Davis

Phone: (832) 636 - 3130

Fax: ( )

Email Address: frank.davis@anadarko.com

Well Location:

Sec 20 Twp 34 R. 41 ☐ East ☒ West

County: MORTON

Lease Name: TUCKER C

Well #: 1

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

## Surface Owner Information:

Name: LONG, ANNABELLE LIV TRUST

Address 1: P O BOX 117

Address 2:

City: ELKHART State: KS Zip: 67950

*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 the 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 \$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: 06/13/2013

Signature of Operator or Agent:

Frank A. Davis

Title: Regulatory Affairs Mgr.