## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

### **KCC WICHITA**

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 OF SURFACE PIT PERMIT

JUN 28 2013

Form 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	Effective Date of Transfer: April 1st 2013				
☑ Gas Lease: No. of Gas Wells 1 **	-				
Gas Gathering System:	KS Dept of Revenue Lease No.: 206345				
Saltwater Disposal Well - Permit No.:	Lease Name: KIMZEY A				
Spot Location: feet from N / S Line feet from E / W Line	Sec1Twp34R38□ E ⊠W				
Enhanced Recovery Project Permit No.:	Legal Description of Lease:				
Entire Project: Yes No	T 34S R 38W Sec 1 Ali 6TH PRINCIPAL 1855				
Number of Injection Wells	County: STEVENS				
Field Name: PANOMA	Production Zone(s): COUNCIL GROVE				
**************************************	Injection Zone(s):				
Surface Pit Permit No.: N/A	fact from ST NV ST C Line of Out at 1				
(API No. if Drill Pit, WO or Haul)	feet from N/ S Line of Selection  feet from E/ W Line of Selection				
T . (D)	feet from ☐ E / ☐ W Line of Selection				
Type of Pit: Ernergency Burn Settling	☐ Haul-Off ☐ Workover O R ☐ Drilling				
Past Operator's License No. 4549 /	Contact Person: Frank Davis  Phone: 832-636-3130				
Past Operator's Name & Address: Anadarko Petroleum Corporation	Phone: 832-636-3130				
P O Box 1330, Houston, TX 77251	Date: 06/13/2013				
Title: Regulatory Affairs Mgr.	Signature: Frank a. Davis				
New Operator's License No. 33136	Contact Person: Frank Davis				
New Operator's Name & Address: Anadarko E&P Onshore LLC	Phone: 832-636-3507				
P O Box 1330, Houston, TX 77251	Oil / Gas Purchaser: ANADP				
	Date: 06/13/2013				
Title: Regulatory Affairs Mgr.	Signature: Frank a. Daws				
<b>Acknowledgment of Transfer:</b> The above request for transfer of injection authorization, surfaction and duly recorded in the records of the Kansas Corporation Commission. The Commission records only and does not convey any ownership interest in the above injection.	nis acknowledgment of transfer pertains to Kansas Corporation				
is acknowledged as	is acknowledged as				
he 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.:				
Date:	Date:				
Authorized Signature	Authorized Signature				
DISTRICT EPR 8/27/13 P	RODUCTION 8.28.13 UIC 8-28-13				
Mail to: Past Operator New Operator	District				

#### Must Be Filled For All Wells

206345

## **KCC WICHITA**

## JUN 28 2013

*Lease Name.:	KIMZEY A			*\	_ocation.:	RECEIVED	1,34S,38W
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)			ine)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	1518920183	1285	FNL	1327	FEL	GAS	DR
	•		FSL/FNL		FEL/FWL _		
			FSL/FNL				
			FSL/FNL	1	FEL/FWL		
			FSL/FNL		= FEL/FWL		
			FSL/FNL		EL/FWL		
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			_			***************************************	

A separate sheet may be attached if necessary

KDOR Lease No.:

<sup>\*</sup> 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: C-1 (Intent) CB-1 (C	Cathodic Protection Borehole Intent)   X T-1 (Transfer)	☐ <b>CP-1</b> (Plugging Application)				
OPERATOR: License # 33136  Name: Anadarko E&P Onshore LLC  Address 1: P.O BOX 1330  Address 2:	Well Location: Sec 1 Twp County: STEVENS Lease Name: KIMZEY A	34 R. 38 ☐ East ☒ West  Well #: 1				
City: Houston State: TX Zip: 77251 - 1330  Contact Person: Frank Davis  Phone: (832) 636 - 3130 Fax: ( )  Email Address: frank.davis@anadarko.com	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: 					
Surface Owner Information:  Name: KRAMER PROPERTIES  Address 1: 1114 S MONROE  Address 2:  City: HUGOTON State: KS Zip: 67951-2934  If this form is being submitted with the Form C-1 (Intent) or CB-1 (Cathodic Protection Bore, plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical estimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate.	lines. The locations shown on the plat are preliminar	ch surface owner. Surface the register of deeds for the of the county treasurer.				
Select one of the following:  I certify that, pursuant to the Kansas Surface Owner Notice Act (House Bill 2032), owner(s) of the land upon which the subject well is or will be located: 1) a copy of CP-1 that I am filing in connection with this form; 2) if the form being filed is a Forn this form; and 3) my operator name, address, phone number, fax, and email addres  I have not provided this information to the suurface owner(s). I acknowledge that, the KCC will be required to send this information to the surface owner(s). To mitigate this task, I acknowledge that I am being charged \$30.00 handling fee, payable to the surface owner(s).	I have provided the following to the surface the Form C-1, Form CB-1, Form T-1, or Form n C-1 or Form CB-1, the plat(s) required by ass.  because I have not provided this information, ate the additional cost of the KCC performing	KCC WICHITA JUN 28 2013 RECEIVED				
If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be retruned.  hereby certify that the statements made herein are true and correct to the best of my knowledge.		orm and the				
Date: 06/13/2013 Signature of Operator or Agent:	a. Davis Title: Regulatory Affa	airs Mgr.				