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 OF 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 **	Effective Date of Transfer: April 1st 2013
Gas Lease: No. of Gas Wells 1 **	VC Dont of Developed Leave No. 200772
Gas Gathering System:	KS Dept of Revenue Lease No.: 203753
□ Saltwater Disposal Well - Permit No.:	Lease Name: SIMMONS
Spot Location: feet from N/ S Line	Sec16 Twp32 R39 E 🖂 W
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T 32S R 39W Sec 16 E2 6TH PRINCIPAL 1855
Entire Project: Yes No	County: MORTON
Number of Injection Wells	Production Zone(s): CHASE
Field Name: KANSAS HUGOTON	Injection Zone(s):
The Control Control	
Surface Pit Permit No.: N/A (API No. if Drill Pit, WO or Haul)	feet from N/ S Line of Selection
Type of Dity	ŧ
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling to
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 S
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	RECEIVED Contact Person: Frank Davis KANSAS CORPORATION COMMISSION
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 CONSERVATION DIVISION WICHITA, KS
Title: Regulatory Affairs Mgr.	Signature: Frank a. Daws
Acknowledgment of Transfer: The above request for transfer of injection authorization, surfa noted, approved and duly recorded in the records of the Kansas Corporation Commission. Thi Commission records only and does not convey any ownership interest in the above injection v	is acknowledgment of transfer pertains to Kansas Corporation
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.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR 10/20/12 PR	
10/20/13	<u> </u>
Mail to: Past Operator New Operator	District

Side Two

	Must Be Filled For All V	Vells
	V	
DOR Lease No.:	203753	

*Lease Name.:	SIMMONS			*Location.:		16,32S,39W
Well No.	API No. (YR DRLD/PRE '67)	i.e.	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1-16	1512900188 /	1357	FSL	1182 FEL	GAS	PR
			_ FSL/FNL _	FEL/FWL		
			_ FSL/FNL _	FEL/FWL		
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		_
			FSL/FNL	FEL/FWL		
			FSL/FNL	FEL/FWL		
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			FSL/FNL _	FEL/FWL		REGEIVED
			FSL/FNL	FEL/FWL		KANSAS CORPORATION COMMISSION
			FSL/FNL	FEL/FWL		JUN 2 8 2013
			FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS

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: C-1 (Intent) CB-1 (Cal	thodic Protection Borehole Intent) 🗵 T-1 (Transfer) 🔲 CP-1 (Plugging Application)		
OPERATOR: License # 33136	Well Location:		
Name: Anadarko E&P Onshore LLC	Sec 16 Twp 32 R. 39		
Address 1: P.O BOX 1330	County: MORTON		
Address 2:	Lease Name: SIMMONS Well #: 1-16		
City: Houston State: TX Zip: 77251 - 1330	If filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: Frank Davis	the lease below:		
Phone: (832) 636 - 3130 Fax: ()			
Email Address: frank.davis@anadarko.com			
Surface Owner Information:			
Name: WEBER, FRANK J	When filing a Form T-1 involving multiple surface owners, attach an additional		
Address 1: 1511 N FAIRWAY DR	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: ROBINSON State: IL Zip: 62454			
If this form is being submitted with the Form C-1 (Intent) or CB-1 (Cathodic Protection Boreh plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical liestimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separate	ines. The locations shown on the plat are preliminary non-binding		
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 t CP-1 that I am filing in connection with this form; 2) if the form being filed is a Form this form; and 3) my operator name, address, phone number, fax, and email addre	he Form C-1, Form CB-1, Form T-1, or Form n C-1 or Form CB-1, the plat(s) required by		
☐ I have not provided this information to the suurface owner(s). I acknowledge that, be the KCC will be required to send this information to the surface owner(s). To mitigath this task, I acknowledge that I am being charged \$30.00 handling fee, payable to the surface owner(s).	ate the additional cost of the KCC performing		
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.	ne fee is not received with this form, the KSONA-1 form and the		
hereby certify that the statements made herein are true and correct to the best of my knowledge.	edge and beleif.		
Date: 06/13/2013 Signature of Operator or Agent:	a. Dave Title: Regulatory Affairs Mgr.		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 2 8 2013

CONSERVATION DIVISION WICHITA, KS