KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

040113_Joyce_H.pdf

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 ***	
Gas Gathering System:	KS Dept of Revenue Lease No.: 216421
Saltwater Disposal Well - Permit No.:	Lease Name: JOYCE H
Spot Location: feet from	Sec2 Twp30 R37 E 🖾 W
☐ Enhanced Recovery Project Permit No.:	Legal Description of Lease:
Entire Project: Yes No	T 30S R 37W Sec 22 NW 6TH PRINCIPAL 1855
Number of Injection Wells	County: GRANT
	Production Zone(s): CHASE
Field Name: KANSAS HUGOTON	Injection Zone(s):
Surface Pit Permit No.: N/A	feet from ☐ N / ☐ S Line of Selection
(API No. if Drill Pit, WO or Haul)	feet from
Гуре of Pit: ☐ Emergency ☐ Burn ☐ Settling ☐	Haul-Off □ Workover ↑ C□ Drilling
Past Operator's License No. 4549	Contact Person: Frank Davis
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. Daws
New Operator's License No. 33136	Contact Person: Frank Davis RECEIVED 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 JUN 2 8 2013
	Date: 06/13/2013 CONSERVATION DIVISION
itle: Regulatory Affairs Mgr.	Signature: Frank a. Davis
Acknowledgment of Transfer: The above request for transfer of injection authorization, surfactors approved 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 was a commission records.	is acknowledgment of transfer pertains to Kansas Corporation
is acknowledged as	is acknowledged as
ne 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.:	permitted by No.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR///2 //3PI	RODUCTION NOV 1 3 2013 UIC NOV 1 3 2013
Mail to: Past Operator New Operator	District

Side Two

Must	Be	Filler	d For	ΔII	Walle

(DOR Lease No.:	216421	<u> </u>						
Lease Name.:	JOYCE H				*Location.:		22,30S,37W	
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)			Type of Well (Oil/Gas/INJ/WSW)	Well Status ') (PROD/TA'D/Abandoned	
1H	1506720918	1384	FNL	1401	FWL	GAS	DR	
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			FSL/FNL _				3014 2 0 2010	
			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 (Ca	athodic Protection Borehole Intent) 🔀 T-1 (Transfer) 🔲 CP-1 (Plugging Application)			
OPERATOR: License # 33136 Name: Anadarko E&P Onshore LLC	Well Location: - Sec 22 Twp 30 R. 37 ☐ East ☑ West			
Address 1: P.O BOX 1330	County: GRANT			
Address 2:	Lease Name: JOYCE H Well #: 1H			
City: Houston State: TX Zip: 77251 - 1330	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person: Frank Davis				
Phone: (832) 636 - 3130 Fax: () Email Address: frank.davis@anadarko.com				
Surface Owner Information: Name: STAATS, PAT & CHRISTINE Address 1: PO BOX 533 Address 2: City: ULYSSES State: KS Zip: 67880	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 Borel plat showing the predicted locations of lease roads, tank batteries, pipelines, and electrical lestimates. The locations may be entered on the Form C-1 plat, Form CB-1 plat, or a separa	lines. 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 the 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 address. I have not provided this information to the suurface owner(s). I acknowledge that, I the KCC will be required to send this information to the surface owner(s). To mitigate the KCC will be required to send this information to the surface owner(s). To mitigate the KCC will be required to send this information to the surface owner(s). 	the Form C-1, Form CB-1, Form T-1, or Form n C-1 or Form CB-1, the plat(s) required by uss. because I have not provided this information,			
this task, I acknowledge that I am being charged \$30.00 handling fee, payable to t If choosing the second option, submit payment of the \$30.00 handling fee with this form. If the	he KCC, which is enclosed with thie form.			
associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be retruned.				
I hereby certify that the statements made herein are true and correct to the best of my knowledge and beleif.				
Date: 06/13/2013 Signature of Operator or Agent: Frank	a. Daws Title: Regulatory Affairs Mgr.			

RECEIVED KANSAS CORPORATION COMMISSION

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

JUN 2 8 2013

CONSERVATION DIVISION WICHITA, KS