JUN 2 8 2013 RECEIVED

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

040113_Leierer.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 Compilance With the Kensas 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 [X] Gas Lease: No. of Gas Wells 202493 KS Dept of Revenue Lease No. ☐ Gas Gathering System: Lease Name: LEIERER Saltwater Disposal Well - Permit No.: □ E 🗵 W Sec Spot Location: feet from ☐ N/ ☐ S Line feet from ☐ E/ ☐ W Line Legal Description of Lease: Enhanced Recovery Project Permit No.: T 28S R 37W Sec 28 All 6TH PRINCIPAL 1855 Entire Project: Yes No County: GRANT Number of Injection Wells CHASE Production Zone(s): 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 □ E / □ W Line of Selection ก ← □ Drilling Type of Pit: ☐ Emergency □ Burn ☐ Settling ☐ Haul-Off ☐ Workover Past Operator's License No. 4549 Contact Person: Frank Davis Phone: 832-636-3130 Past Operator's Name & Address: Anadarko Petroleum Corporation P O Box 1330, Houston, TX 77251 Date: 06/13/2013 Frank a. Daws Title: Regulatory Affairs Mgr. Signature: New Operator's License No. Contact Person: Frank Davis Anadarko E&P Onshore LLC Phone: 832-636-3507 New Operator's Name & Address: P O Box 1330, Houston, TX 77251 ANADP Oil / Gas Purchaser: Date: 06/13/2013 Title: Regulatory Affairs Mgr. Signature: Frank a. Daws Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit # 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 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 **PRODUCTION** UIC District Mail to: Past Operator **New Operator**

Side Two

202493

KDOR Lease No.:

KCC WICHITA

Must Be Filled For All Wells

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*Lease Name.:	LEIERER				Location.:	28,28S,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)
1-28	1506700560	1290	FNL	2060	FWL	GAS	PR
			FSL/FNL		FEL/FWL _		
			FSL/FNL		FEL/FWL _		
			_ FSL/FNL		FEL/FWL _		
			FSL/FNL		FEL/FWL _		
			_ FSL/FNL _		FEL/FWL _		
	2222		FSL/FNL		FEL/FWL _		
			FSL/FNL		FEL/FWL		
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			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
		-	- FSL/FNL		FEL/FWL		
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			FSL/FNL				
			- FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
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			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL _		
			FSL/FNL		FEL/FWL		
			FSL/FNL		FEL/FWL _		

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.

KCC WICHITA JUN 28 2013

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

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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)
OPERATOR: License # 33136	Well Location:
Name: Anadarko E&P Onshore LLC	
Address 1: P.O BOX 1330	County: GRANT
Address 2:	Lease Name: LEIERER Well #: 1-28
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: Dalyn J. Figgins	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1: 913 J. Joyce	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: ULYSSES State: KS Zip: 67880	
If this form is being submitted with the Form C-1 (Intent) or CB-1 (Cathodi plat showing the predicted locations of lease roads, tank batteries, pipelin estimates. The locations may be entered on the Form C-1 plat, Form CB-Select one of the following:	ic Protection Borehole Intent), you must supply the surface owners and the KCC with a les, and electrical lines. The locations shown on the plat are preliminary non-binding 1 plat, or a separate plat may be submitted.
I certify that, pursuant to the Kansas Surface Owner Notice Act owner(s) of the land upon which the subject well is or will be loce CP-1 that I am filing in connection with this form; 2) if the form be this form; and 3) my operator name, address, phone number, far	ated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form eing filed is a Form C-1 or Form CB-1, the plat(s) required by
I have not provided this information to the suurface owner(s). I a the KCC will be required to send this information to the surface of this task, I acknowledge that I am being charged \$30.00 handling	owner(s). To mitigate the additional cost of the KCC performing
If choosing the second option, submit payment of the \$30.00 handling fee associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be retrune	e with this form. If the fee is not received with this form, the KSONA-1 form and the ad.
I hereby certify that the statements made herein are true and correct to the	e best of my knowledge and beleif.
Date: 06/13/2013 Signature of Operator or Agent:	Frank a. Davis Title: Regulatory Affairs Mgr.