## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

REQUEST FOR CHANGE OF OPERATOR KCC WICHITA TRANSFER OF INJECTION OF SURFACE PIT PERMIT

Form T-1 March 2010 Form must be Typed Form must be Signed All blanks must be Filled

Form KSONA - 1, Certification of Compliance With the Kansas Surface Owner Notification Act UN 28 2013

MUST be submitted with this form.

| Check Applicable Boxes:  | RECEIVED   |
|--|--|
| Oil Lease: No. of Oil Wells  | Effective Date of Transfer: April 1st 2013                           |
| ☑ Gas Lease: No. of Gas Wells 1 **   | 1/0.0  |
| ☐ Gas Gathering System:  | KS Dept of Revenue Lease No.: 206380                                 |
| ☐ Saltwater Disposal Well - Permit No.:  | Lease Name: SPINES A   |
| Spot Location: feet from N / S Line  | Sec 19 Twp 34 R. 38 □ E⊠W  |
| feet from  | Legal Description of Lease:  |
| Entire Project: Yes No   | T 34S R 38W Sec 19 6TH PRINCIPAL 1855 LOT 1                          |
| Number of Injection Wells  | County: STEVENS  |
|  | Production Zone(s): COUNCIL GROVE                                    |
| Field Name: PANOMA   | Injection Zone(s):   |
|  |  |
| Surface Pit Permit No.:  N/A  (API No. if Drill Pit, WO or Haul)   | feet from N/ S Line of Selection                                     |
| Topo of Dita.  | feet from E / W Line of Selection                                    |
| Type of Pit: Emergency Burn Settling   | ☐ Haul-Off ☐ Workover OK ☐ 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. 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. Davis  |
| Acknowledgment of Transfer: The above request for transfer of injection authorization, surfanoted, 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 of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection of the Commission records only and does not convey any ownership interest in the above injection and the Commission records on the Commission record | nis 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 11/15/13 P  | RODUCTION NOV 1 8 2013 UIC NOV 1 8 2013                              |
| Mail to: Past Operator New Operator  | District   |

Side Two

#### Must Be Filled For All Wells

206380

### **KCC WICHITA**

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|----|----|----|---|---|----|----|
|----|----|----|---|---|----|----|

| *Lease Name.: | 0811150                           |   | _                      | RECEIVED                          |                                      |
|---------------|-----------------------------------|---|------------------------|-----------------------------------|--------------------------------------|
| Lease Name    | SPINES A                          | ····                                      | *Location.: _          |                                   | 19,34S,38W                           |
| Well No.      | API No.<br>(YR DRLD/PRE '67) (i.e | Footage from Secti<br>. FSL = Feet from S | on Line<br>South Line) | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
| 1             | 1518920294_00-01 1228             | FNL 11                                    | 91 FWL                 | 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                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL _              |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL _              |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL _              | ·····                             |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                | ***                               |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL _              |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
| The desired   |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   | FSL/FNL                                   | FEL/FWL                |                                   |                                      |
|               |                                   |   |                        |                                   |                                      |

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) CP-1 (Plugging Application)   |  |  |  |  |
|--|---|--|--|--|--|
| OPERATOR: License # 33136  Name: Anadarko E&P Onshore LLC  | Well Location:<br>-<br>Sec 19 Twp 34 R. 38 ☐ East 図 West  |  |  |  |  |
| Address 1: P.O BOX 1330  | County: STEVENS   |  |  |  |  |
| Address 2:   | Lease Name: SPINES A Well #: 1  |  |  |  |  |
| 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  | •<br>•  |  |  |  |  |
| Surface Owner Information:   |   |  |  |  |  |
| Name: SUTTON, JANET  | When filing a Form T-1 involving multiple surface owners, attach an additional  |  |  |  |  |
| Address 1: 1001 S ADAMS  | 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: HUGOTON State: KS Zip: 67951-2819  | •   |  |  |  |  |
| 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 separa Select one of the following:   | lines. The locations shown on the plat are preliminary non-binding  |  |  |  |  |
| ☐ 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 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.  JUN 28 2013 |   |  |  |  |  |
| ☐ 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 mitigathis 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 t<br>associated Form C-1, Form CB-1, Form T-1, or Form CP-1 will be retruned.   | he 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 knowl  | edge and beleif.  |  |  |  |  |
| Date: 06/13/2013 Signature of Operator or Agent: Frank   | 7 A. Daws Title: Regulatory Affairs Mgr.  |  |  |  |  |