KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

KCC WICHITA

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
ズ Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 232033
Gas Gathering System:	202000
Saltwater Disposal Well - Permit No.:	Lease Name: BENNETT C
Spot Location: feet from N/ S Line	Sec 36 Twp 34 R. 42 DEXW
feet from ☐ E / ☐ W Line	Legal Description of Lease:
☐ Enhanced Recovery Project Permit No.:	T 34S R 42W Sec 36 AN 6TH PRINCIPAL 1855
Entire Project:	County: MORTON
Number of Injection Wells	Production Zone(s): TOPEKA
Field Name: GREENWOOD	Injection Zone(s):

Surface Pit Permit No.: N/A	feet from ☐ N / ☐ S Line of Selection ♣
(API No. if Dnill Pit, WO or Haul)	
	A
Type of Pit:	Thaul-Off □ Workover DP □ Drilling □ bo
Past Operator's License No. 4549	Contact Person: Frank Davis 5
Past Operator's Name & Address: Anadarko Petroleum Corporation	<u> </u>
P O Box 1330, Houston, TX 77251	Date: 06/13/2013 i
Title: Regulatory Affairs Mgr.	Signature: Frank a. Daw:
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, surfa noted, 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 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 ////8//3 PR	RODUCTION NOV 1 9 2013 NOV 1 9 2013
Mail to: Past Operator New Operator	District

Must Be Filled For All Wells

232033

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JUN 28 2013

*Lease Name.:	BENNETT C			*Location.:	2011 2 0 2013	36,34S,42W
Well No.	API No. (YR DRLD/PRE '67)		Footage from So FSL = Feet fro		RECEIVED Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	1512921898	1305	FNL	1330 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		
			_	FEL/FWL		
			_	FEL/FWL		
		-		FEL/FWL		
				FEL/FWL		
			FSL/FNL			
			FSL/FNL			
			FSL/FNL			
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		<u> </u>	FSL/FNL			
			_	FEL/FWL		
-				FEL/FWL		
			FSL/FNL			
			- FSL/FNL —			
			- FSL/FNL	FEL/FVVL		

A separate sheet may be attached if necessary

KDOR Lease No.:

^{*} 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

KCC WICHITA

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

JUN 28 2013

RECEIVED

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)			
OPERATOR: License # 33136 Name: Anadarko E&P Onshore LLC	Well Location: · · ∡/L) Sec 36 Twp 34 R. 42 ☐ East ☒ West			
Address 1: P.O BOX 1330	County: MORTON			
Address 2:	Lease Name: BENNETT C 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 the lease below:			
Contact Person: Frank Davis Phone: (832) 636 - 3130 Fax: ()				
Email Address: frank.davis@anadarko.com				
Surface Owner Information: Name: TUCKER, WILLIAM E & SUZANNE D When filing a Form T-1 involving multiple surface owners, attach an add				
Address 1: HC01 BOX 38	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: ELKHART State: KS Zip: 67950				
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 restimates. 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 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 address.	the 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, 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 to 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:	Title: Regulatory Affairs Mgr.			