KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

KCC WICHITA

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

JUN 28 2013

Form KSONA - 1, Certification of Compliance With the Kansas Surface Owner Notification Act, MUST be submitted with this form.

MUST be submit	RECEIVED
Check Applicable Boxes:	
Oil Lease: No. of Oil Wells	Effective Date of Transfer: April 1st 2013
☑ Gas Lease: No. of Gas Wells 1 **	KS Dept of Revenue Lease No.: 208556 ✓
Gas Gathering System:	
□ Saltwater Disposal Well - Permit No.:	Lease Name: COX B
Spot Location: feet from N/ S Line	Sec <u>34</u> Twp <u>34</u> R. <u>39</u> 🗆 E 🔀 W
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T 34S R 39W Sec 34 NE 6TH PRINCIPAL 1855
Entire Project: Yes No	County: STEVENS
Number of Injection Wells	Production Zone(s): COUNCIL GROVE
Field Name: PANOMA	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 N/ S Line of Selection
	T Have Off
Type of Pit: Emergency Burn Settling [Haul-Off Workover OF 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
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, surfacted, 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	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.:	permitted by No.:
Date:	Date:
Authorized Signature	Authorized Signature
DISTRICT EPR ///8/13 F	PRODUCTION NOV 1 9 2013 UIC NOV 1 9 2013
Mail to: Past Operator New Operator	District

Must Be Filled For All Wells KCC WICHITA

KDOR Lease No.:	208556	<u> </u>		JUN 28 2013	
*Lease Name.:	COX B	 -	*Location.:	RECEIVED	34,34S,39W
Well No.	API No. (YR DRLD/PRE '67) (i.e.	Footage from FSL = Feet fi	Section Line rom South Line)	Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
1	1518920319 - 00-01 1249	FNL	1353 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		
-		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
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		FSL/FNL _	FEL/FWL	· · · · · · · · · · · · · · · · · · ·	
		FSL/FNL	FEL/FWL .		-

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

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1 July 2010 Form must be Typed Form must be Signed All blanks must be Filled

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 (Cd	athodic Protection Borehole Intent) 🗶 T-1 (Transfer) 🔲 CP-1 (Plugging Application)
OPERATOR: License # 33136 Name: Anadarko E&P Onshore LLC Address 1: P.O BOX 1330 Address 2: City: Houston State: TX Zip: 77251 - 1330 Contact Person: Frank Davis Phone: (832) 636 - 3130 Fax: () Email Address: frank.davis@anadarko.com	Well Location: Sec 34 Twp 34 R. 39 ☐ East ☑ West County: STEVENS Lease Name: COX B Well #: 1 If filling a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Surface Owner Information: Name: COX, ROY L & GLORIA H LIV TRS Address 1: 277 ROAD 3 Address 2: City: ROLLA State: KS Zip: 67954-5505 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 lies.	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. The locations shown on the plat are proliminary non hinding.
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 filling 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 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 mitigate this task, I acknowledge that I am being charged \$30.00 handling fee, payable to the	I have provided the following to the surface the Form C-1, Form CB-1, Form T-1, or Form a C-1 or Form CB-1, the plat(s) required by iss. Decause I have not provided this information, ate the additional cost of the KCC performing KCC WICHITA JUN 28 2013 RECEIVED
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.	he fee is not received with this form, the KSONA-1 form and the
Date: 06/13/2013 Signature of Operator or Agent:	Title: Regulatory Affairs Mgr.