JUL 2 0 2001

## Kansas Corporation Commission Oil & Gas Conservation Division

Form T-1 June 2000

CONSERVATION DIVISION

All blanks must be Filled

TRANSFER OF INJECTION OR SURFACE POND PERMIT

| OR 215204                                                          | June 1, 2001                                                            |  |  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------|--|--|
| Check Applicable Boxes:                                            | Effective Date of Transfer: June 1, 2001                                |  |  |
| Oil Lease: No. of Wells**                                          | Lease Name: BOLES, FRANK G. 2-17                                        |  |  |
| Gas Lease: No. of Wells**                                          | C_SWSec. 17 Twp. 35S R 34 EVW                                           |  |  |
| ** Side Two Must Be Completed.                                     | Legal Description of Lease: ALL SECTION 17                              |  |  |
| Saltwater Disposal Well - Docket No.                               |                                                                         |  |  |
| Spot Location: feet from N / S Line                                |                                                                         |  |  |
| feet from E / W Line                                               |                                                                         |  |  |
| Enhanced Recovery Project Docket No.                               | County: SEWARD                                                          |  |  |
| Entire Project: Yes No                                             |                                                                         |  |  |
| Number of Injection Wells**                                        | Production Zone(s): CHASE                                               |  |  |
| Field Name: Wide Anake                                             | Injection Zone(s):                                                      |  |  |
| Surface Pond Permit #(API # If Drill Pit)                          | feet from N / S Line of Sectionfeet from E / W Line of Section          |  |  |
| Identify: Emergency Pit Burn Pit                                   | Storage Pit Drill Pit                                                   |  |  |
| Past Operator's License No. 31658                                  | Contact Person: Susan L. Lilley                                         |  |  |
| Past Operator's Name & Address: Cross Timbers Operating Co.        | Phone: 405-232-4011                                                     |  |  |
| Past Operator's Name & Address:                                    | Prione:                                                                 |  |  |
| 210 Park Avenue, Suite 2350, Oklahoma City, Ok 73102               | Date: July 20, 2001                                                     |  |  |
| Title:                                                             | Signature: Susum rellef                                                 |  |  |
| New Operator's License No. 32864                                   | Contact Person: Susan L. Lilley                                         |  |  |
| New Operator's Name & Address: XTO Energy, Inc.                    | Phone: 405-232-4011                                                     |  |  |
| 210 Park Avenue, Suite 2350                                        | Oil / Gas Purchaser:                                                    |  |  |
|                                                                    | Date: July 20, 2001                                                     |  |  |
| Oklahoma City, Oklahoma 73102                                      | Signature: Susan Killey                                                 |  |  |
| Title: Division Administrative Manager                             | Signature: Susaw vulley                                                 |  |  |
|                                                                    | n authorization, surface pond permit #has been                          |  |  |
|                                                                    | poration Commission. This acknowledgment of transfer pertains to Kansas |  |  |
| • •                                                                |                                                                         |  |  |
| Corporation Commission records only and does not convey any owners | inp interest in the above injection well(s) or policipernial.           |  |  |
| is acknowleged as the                                              | is acknowleged as the                                                   |  |  |
|                                                                    | new operator of the above named lease containing the surface pond       |  |  |
| new operator and may continue to inject fluids as authorized by    |                                                                         |  |  |
| Docket # Recommended action:                                       | permitted by #                                                          |  |  |
|                                                                    |                                                                         |  |  |
| Date:                                                              | Date:                                                                   |  |  |
| Authorized Signature                                               | Authorized Signature                                                    |  |  |

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

## Side Two

## Must Be Filed For All Wells

JUL 2 0 2001

| * Lease Name: | BOLES, FRANK G. 2-17         |                                                             | * Location: _S | ECTION 17-35S-34W                 | ONSERVATION DIVISION WICHITA, KS     |
|---------------|------------------------------|-------------------------------------------------------------|----------------|-----------------------------------|--------------------------------------|
| Well No.      | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line (i.e. FSL = Feet from South Line) |                | Type of Well<br>(Oil/Gas/INJ/WSW) | Well Status<br>(PROD/TA'D/Abandoned) |
| 2-17          | 15-175-20999 0001            | 1364 Circle                                                 | 3960 Circle    | GAS                               | PROD                                 |
|               |                              | F\$L/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                                                     |                |                                   |                                      |
|               |                              | FSL/FNL                                                     | FEL/FWL        |                                   |                                      |
|               |                              |                                                             |                |                                   |                                      |
|               |                              | FSL/FNL                                                     | FEL/FWL        |                                   |                                      |
|               |                              |                                                             |                |                                   |                                      |
|               |                              |                                                             |                |                                   |                                      |
|               |                              | FSI /FNI.                                                   |                |                                   |                                      |

A separate sheet may be attached if necessary

<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.