# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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

# REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT

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

Oliock Abblicable Boxes:	ateu wan ans rom.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 230446
Gas Gathering System:	Lease Name: A P ATKINS
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T027S - R033W: SEC 007 All
Entire Project: Yes No	
Number of Injection Wells **	County: Haskell
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	
** Side Two Must Be Completed.	Production Zone(s): CHASE
	Injection Zone(s):
Surface Pit Permit No.:	leet from N / S Line of Section
(API No. If Drill Pit, WO or Haul)	leet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover P Drilling
	Transfer Of Dinning
Past Operator's License No	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: _713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	VAIC.
FRIE.	Signature: Andrew D. Cole
22864	PDFNDA WALLED
New Operator's License No. 32864 /	Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: KCC WICHITA
OKLAHOMA CITY, OK 73102	Date: 05/31/2013 JUN 1 8 2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze
	RECEIVED
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the a	
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:	
- Neconinaried action:	permitted by No.:
Date:	Date:
Date:	Date:
DISTRICT EPR	RODUCTION 7.5./3 uic 7-5-[3
Mail to: Past Operator New Operator	

#### Side Two

#### Must Be Filed For All Wells

Lease Name:	A P ATKINS	*Location: 7 27 33WSE			
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)
B1	15081003190000 /	2310FSL	2310FEL	GAS	ACTIVE
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		F\$L/FNL	FEUFWL		
	48.000	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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		F01 #111	FEUFWL		
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		FSL/FNL			
			FEL/FWL		KCC WICHITA
	_		FEL/FWL		JUN 1 8 2013
			FEL/FWL		RECEIVED

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. It 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.

OPERATOR: License # 5208	Well Location:	
Name: EXXONMOBIL OIL CORPORATION		€ Sec. 7 Twp.27 S. R. 33 Eas X West
Artriress 1: P. O. BOX 4358		
Address 2:		ATKINS Well #: B1
City: HOUSTON State: TX Zip:	4050	for multiple wells on a lease, enter the legal description o
Contact Person: ADAM SCOTT	the lease below:	•
Phone: { 713 431- \859 Fax: { 71	13 431-1475 T027S - R033W: S	SEC 007 All
Email Address: adam.e.scott@exxonmobil.com	n	
Surface Owner Information:		
Name: See Attached		1.1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all of t	the information to the left for each surface owner. Surface can be found in the records of the register of deeds for the
Address 2:		real estate property tax records of the county treasurer.
City: State: Zip:	·+	
Select one of the following:  X I certify that, pursuant to the Kansas owner(s) of the land upon which the s CP-1 that I am filing in connection with	Surface Owner Notice Act (House Bill 2032), ubject well is or will be located: 1) a copy of the third form; 2) if the form being filed is a Form 6 ss, phone number, fax, and email address.	he Form C-1, Form CB-1, Form T-1, or Form
I have not provided this information to t KCC will be required to send this infor	the surface owner(s). I acknowledge that, bec mation to the surface owner(s). To mitigate th arged a \$30.00 handling fee, payable to the K	ne additional cost of the KCC performing this
If choosing the second option, submit paymen form and the associated Form C-1, Form CB-1	et of the \$30.00 handling fee with this form. If I, Form T-1, or Form CP-1 will be returned.	the fee is not received with this form, the KSONA-1
I hereby certify that the statements made herei	in are true and correct to the best of my knowle	edge and belief
Date: 6/15/2013 Signature of Operator	r or Agent: M. Michael McNulty	Tille: Regional Land Manager

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

KCC WICHITA
JUN 1 8 2013

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#### **Surface Owners**

Owner Name: WOODS, BRENT C Address: PO BOX 305  City: PLAINS State: KS Zip: 67869  Owner Name: Address: City: State: Zip:	
Address: PO BOX 305  City: PLAINS State: KS Zip: 67869  Owner Name: Address:	
City: PLAINS State: KS Zip: 67869  Owner Name: Address:	
Owner Name: Address:	
Address:	
City: State: Zip;	
Owner Name:	
Address:	
City: State: Zip:	
Owner Name:	
Address:	
City: State: Zip:	
Owner Name: Address:	
City: State: Zip:	

KCC WICHITA
JUN 18 2013
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