070113_Burchett.pdf Form T-1

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

March 2010

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,
MIST he submitted with this form

Check Applicable Boxes: MUST be su	ibmitted with this form.			
Oil Lease: No. of Oil Wells ** X Gas Lease: No. of Gas Wells ** Gas Gathering System:	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 222044			
	Lease Name: BURCHETT			
Spot Location: feet from N / S Line feet from E / W Line				
Enhanced Recovery Project Permit No.: Entire Project: Yes No				
Number of Injection Wells**	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Destruction Tourish CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Bum Settling	leet from ☐ N / ☐ S Line of Sectionleet from ☐ E / ☐ W Line of Section ☐ Haul-Off ☐ Workover (☐ C ☐ Drilling			
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Dhana 713,431,1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	KANSAS CORPORATION COMMISSIO			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date:			
New Operator's License No32864 🗸	CONSERVATION DIVISION. WICHITA, KS Contact Person: BRENDA WALLER			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259			
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES			
OKLAHOMA CITY, OK 73102	Date: 05/31/2013			
Title: _SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze			
Acknowledgment of Transfer: The above request for transfer of inject noted, approved and duly recorded in the records of the Kansas Corporat Commission records only and does not convey any ownership interest in the convey and conve	ion Commission. This acknowledgment of transfer pertains to Kansas Corporation			
is acknowledged a	is acknowledged as			
the new operator and may continue to inject fluids as authorized b				
Date:	Date:			
DISTRICT EPR	PRODUCTION 7. 30.13 UIC 7-29-13			
Mail to: Past Operator New Ope				

CONSERVATION DIVISION

WICHITA, KS

* Lease Name: BURCHETT			Location: 3	5 32 35WSW	
Well No.	API No. (YR DRLD/PRE '67)	Foolage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
12 INF	15189222420000 🗸	1270FSL	1250FEL	GAS	ACTIVE
		FSL/FNL	FEUFWL		
· · · · · · · · · · · · · · · · · · ·		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		
alkan maja kara karanga karanga kanan k	No milit responsable del del production del control de	FSL/FNL	**************************************	The same and the s	
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	КА	RECEIVED NSAS CORPORATION COMMISSION
			FEL/FWL		

A separate sheet may be attached if necessary

FSL/FNL ____

_FSL/FNL ___

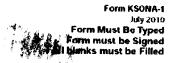
___ FEL/FWL _

____FEL/FWL

^{*} 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



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 COR	The state of the s		W Sec. 35 Twp.32 S. R. 35 Eas X West		
Address 1: P. O. BOX 4358	AND THE RESERVE OF THE PERSON	County: Stevens			
			RCHETT Well #: 1-2 INF		
City: HOUSTON Stat	e: <u>TX</u> Zip: <u>77210 +</u>	g	for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT	disposition of the second of t		the lease below: T032S - R035W: SEC 035 S2 NE4, N2 SE4, S2 SE4, E2 SW4,		
Phone: { 713 431- 1859	Fax: (713 431-1475	——————————————————————————————————————			
Email Address: adam.e.scott@e	xxonmobil.com	<u> </u>			
Surface Owner Information:					
Name: See Attached	See Attached When filing a Form 1.1 involving multiple surface owners, attach an				
Address 1:		sheet listing all of th	he information to the left for each surface owner. Surface can be found in the records of the register of deeds for the		
Address 2:	in a finite contract of the last of the la		eal estate property tax records of the county treasurer.		
City:Stat					
Select one of the following:	ides. The locations may	ое емегео от те гот п C-1 раг, го	orm CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upo CP-1 that I am filing in co form; and 3) my operator I have not provided this in KCC will be required to s	n which the subject well innection with this form; 2 name, address, phone name, address the surface are this information to the surface are this information to the surface the surface are the surface and this information to the surface are surface are surface and surface are surface are surface are surface and surface are surfac	s or will be located: 1) a copy of th c) if the form being filed is a Form C umber, fax, and email address. Dwner(s). I acknowledge that, because surface owner(s). To mitigate th	I have provided the following to the surface he Form C-1, Form CB-1, Form T-1, or Form C-1 or Form CB-1, the plat(s) required by this have not provided this information, the he additional cost of the KCC performing this CC, which is enclosed with this form.		
lf choosing the second option, so form and the associated Form C-	ibmit payment of the \$30 1, Form CB-1, Form T-1,	.00 handling fee with this form. If t or Form CP-1 will be returned.	the fee is not received with this form, the KSONA-1		
I nereby certify that the statemen	ts made herein are true a	nd correct to the best of my knowle	edge and belief.		
Date: <u>6/15/2013</u> Signa	lure of Operator or Agent:	M. Michael McNulty	Title: Regional Land Manager		
API # :15189222420000	KD	OR #222044	RECEIVED KANSAS CORPORATION COMMISSION		

JUN 1 8 2013

Surface Owners

City:

API#: 15189222420000 Lease Name: BURCHETT Owner Name: CARLILE, GEORGE A RESTATED REV TR TTEE Address: 1221 ROAD 27 City: HUGOTON State: KS **Zip:** 67951 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: Owner Name: Address: City: State: Zip: Owner Name: Address:

State:

Zip:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS