KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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. Check Applicable Boxes: 7/1/2013 Effective Date of Transfer: Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Wells ... 226885 KS Dept of Revenue Lease No.: . Lease Name: EMMA HOPKINS Gas Gathering System:. Saltwater Disposal Well - Permit No.: _ DE Sec. _ □ E X W ____feet from N/ SLine Legal Description of Lease: __feet from 🔲 E / 🔲 W Line T030S - R033W: SEC 034 N2, SW4, SE4 Enhanced Recovery Project Permit No.: _ Entire Project: Yes No County: Haskell Number of Injection Wells Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s):___ ** Side Two Must Be Completed. Injection Zone(s): feet from N / S Line of Section Surface Pit Permit No.: _ (API No. If Drill Pit, WO or Haul) feet from E / W Line of Section Settling Haul-Off Type of Pit: Bum Emergency LAURIE KILBRIDE Past Operator's License No. _ Contact Person: _ Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: _713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 KCC WICHITA **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** Signature: <u>Andrew D. Pole</u> **BRENDA WALLER** New Operator's License No. __32864/ Contact Person: RECEIVED New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Oil / Gas Purchaser: ONEOK FIELD SERVICES 210 PARK AVENUE, SUITE 2350 05/31/2013 Date: **OKLAHOMA CITY, OK 73102** Signature: <u>Douglas C. Schultze</u> Title: SR. OPERATIONS VICE PRESIDENT Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #..... noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. __ 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 permitted by No.: ___ __ . Recommended action: Authorized Signature Authorized Signature PRODUCTION. DISTRICT ... New Operator District _

Mail to: Past Operator_

Side Two

	y	Must Be	Filed For All Wells		
KDOR Leas	22225 V			30 33WSE	
' Lease Name	: EMMA HUPKING		* Location:	, 00 0011 01	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo		Type of Well (Oil/Gas/INJ/WSW) GAS	Well Status (PROD/TA'D/Abandoned) ACTIVE
3	15081216110000 🗸	1321FSL	1321FEL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		501 5 1 11	FEL/FWL		
			FEL/FWL		
		70. FM	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEUFWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
			FEL/FWL		
		FSL/FNL	FEL/FWL		
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			FEL/FWL		
Co Acron successibility from Service Assuments of PA	Annual District Annual Annua	FSL/FNL			
		FSL/FNL			KCC WICHITA
			FEL/FWL		JUN 1 8 2013

A separate sheet may be attached if necessary

FSL/FNL _____FEL/FWL

__FSUFNL _____FEUFWL _

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^{*} 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

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	SE can 34 Tura 30 C D 33 TE DE X MOST
Address 1: P. O. BOX 4358	County: Haskell
Address 2:	Lease Name: EMMA HOPKINS Well #: 3
City: HOUSTON State: TX Zip: 77210 ±+	
Contact Person: ADAM SCOTT	the lease below: T030S - R033W: SEC 034 N2, SW4, SE4
Phone: { 713 431-) 450 Fax: { 713 431-1475	
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	When filing a Form 1-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface
Address 1:	————————————————————————————————————
Address 2:	county, and in the real estate property tax records of the county treasurer.
City:+	
Select one of the following:	ntered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the subject well is	Notice Act (House Bill 2032), I have provided the following to the surface will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form see form being filed is a Form C-1 or Form CB-1, the plat(s) required by this er, fax, and email address.
KCC will be required to send this information to the	r(s). I acknowledge that, because I have not provided this information, the rface owner(s). To mitigate the additional cost of the KCC performing this handling fee, payable to the KCC, which is enclosed with this form.
If choosing the second option, submit payment of the \$30.0 form and the associated Form C-1, Form CB-1, Form T-1, or	randling fee with this form. If the fee is not received with this form, the KSONA-1 orm CP-1 will be returned.
hereby certify that the statements made herein are true and	orrect to the best of my knowledge and belief.
Date; 6/15/2013 Signature of Operator or Agent:	Michael McNulty Title: Regional Land Manager
API # :15081216110000 KDO	226885 KCC WICHI

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

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Surface Owners

API#: 1508121	6110000	Lease Name:	EMMA H	OPKI	NS	Well #: <u>3</u>
Owner Name:	NATION PROPER	RTIES LLC				
	8901 N LEWIS AV					
7.001	000111227110711	_				
City:	KANSAS CITY	State:	MO :	Zip:	64157-6246	
Owner Name:						
Owner Name: Address:						
714410001						
City:		State:		Zip:		
Owner Name:						
Address:						
City:		State:		Zip:		
Owner Name:						
Address:						
City:		State:		Zip:		
•				•		
Owner Name:						
Address:						
City:		State:		Zip:		

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