KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Forward.pdf
Form T-1
March 2010
Form must be Typed
Form must be Signed
All blanks must be Filed

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

Form KSONA-1, Certification of Compliance with the Kansae Surface Owner Notification Act,
MIST he submitted with this form

Check Applicable Boxes: MUST be	submitted with this form.			
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.: 219741			
Gas Gathering System:				
Saltwater Disposal Well - Permit No.:	Lease Name: FORWARD			
Spot Location: feet from N / S Line				
feet from E / W Line				
Enhanced Recovery Project Permit No.:	T034S - R038W: SEC 005 S2 NE4, SE4, W2 SW4, E2 SW4, S2			
Entire Project: Yes No	NW4 (NENE) (NWNE) (NENW)			
Number of Injection Wells ••	County: Stevens			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul)	leet from N / S Line of Section			
· .				
Type of Pit: Emergency Burn Settling	Haul-Off Workover Of Drilling			
Past Operator's License No. 5208 V	Contact Person: LAURIE KILBRIDE			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358				
DOO MANACEDIACENT & ATTORNEY IN TACK	Date: 05/31/2013 REGERVED			
Title:TOO MANAGERVAGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u> KANSAS CORPORATION COMMISSI			
	JUN 1 8 2013			
New Operator's License No. 32864	Contact Person: BRENDA WALLER CONSERVATION DIVISION			
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 WICHITA, KS			
210 PARK AVENUE, SUITE 2350				
OKLAHOMA CITY, OK 73102	Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013			
	Date: 05/31/2013			
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze			
Acknowledgment of Transfer: The shore request for transfer of injection	ction authorization, surface pit permit # has been			
10fed, approved and duly recorded in the records of the Kansas Cornors	ation Commission. This acknowledgment of transfer pertains to Kansas Corporation			
Commission records only and does not convey any ownership interest in	n the above injection walker walker as at a section of transfer pertains to Kansas Corporation			
The state of the s	The above injection well(s) or pr permit.			
is acknowledged	as is acknowledged as			
he new operator and may continue to inject fluids as authorized				
Permit No.: Recommended action:	and the same of the same particular forms advisors but			
- HOUSE BORNEY BUILDING	permitted by No.:			
Date:	Dete:			
Authorized Signaturey /	Date:			
DISTRICT EPR 7/25/13				
***	perator District			

Side Two

Must Be Filed For All Wells

* Lease Name	FORWARD		• Location: 5 34 38W/NE					
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)			
		4950FSL	1320FEL	GAS	ACTIVE			

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	1914h	FSL/FNL	FEL/FWL					
7***		FSL/FNL	FEL/FWL	К	RECEIVED ANSAS CORPORATION COMMISSION			
		FSL/FNL	——— FEL/FWL		JUN 1 8 2013			
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION			
		FSL/FNL	FEL/FWL		WICHITA, KS			

A separate sheet may be attached if necessary

^{*} 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		ation:			
Name: EXXONMOBIL OIL CORPORATI	ION	NE_Sec.5Twp.34S. R.38Eas[X]West			
Address 1: P. O. BOX 4358	County: 5				
Address 2:	Lease Na	me: FORWARD Well #: 1-5 INF			
City: HOUSTON State: TX	Zip: 77210 ++ 4358 It filting a	Form T-1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	the lease	the lease below: T034S - R038W: SEC 005 S2 NE4, SE4, W2 SW4, E2 SW4, S2 NW4 (NENE) (NWNE) (NENW) (NWNW)			
Phone: { 713 431-1859 Fax					
Email Address: <u>adam.e.scott@exxonmo</u>		, (, ()			
Surface Owner Information:					
Name: See Attached	When tilen	g a Form T-1 involving multiple surface owners, attach an additional			
Address 1:	sheet listii	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			
Address 2:	county, an	in the real estate property tax records of the county treasurer.			
City: State:	Zip:+				
		-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
_					
I certify that, pursuant to the Ka owner(s) of the land upon which CP-1 that I am filing in connection	h the subject well is or will be located: 1) a c	II 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this			
I certify that, pursuant to the Ka owner(s) of the land upon which CP-1 that I am filing in connectio form; and 3) my operator name. I have not provided this information KCC will be required to send this	in the subject well is or will be located; 1) a con with this form; 2) if the form being filed is address, phone number, fax, and email addition to the surface owner(s). I acknowledge to information to the surface owner(s). To m	II 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this			
I certify that, pursuant to the Ka owner(s) of the land upon which CP-1 that I am filing in connectio form; and 3) my operator name. I have not provided this informati KCC will be required to send thi task, I acknowledge that I am be fichoosing the second option, submit particles.	in the subject well is or will be located; 1) a control with this form; 2) if the form being filed is address, phone number, fax, and email addition to the surface owner(s). I acknowledge to its information to the surface owner(s). To making charged a \$30.00 handling fee, payable	II 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this ress. that, because I have not provided this information, the itigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form.			
I certify that, pursuant to the Ka owner(s) of the land upon which CP-1 that I am filing in connectio form; and 3) my operator name. I have not provided this informati KCC will be required to send thi task, I acknowledge that I am be form and the associated Form C-1, Formation and the associated Form C-1, Formation which is the content of the second option, submit patern and the associated Form C-1, Formation which is the content of the	In the subject well is or will be located: 1) a con with this form: 2) if the form being filed is address, phone number, fax, and email address, phone number, fax, and email address to the surface owner(s). I acknowledge to is information to the surface owner(s). To making charged a \$30.00 handling fee, payable aryment of the \$30.00 handling fee with this	II 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this ress. that, because I have not provided this information, the itigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 med.			
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name. I have not provided this information KCC will be required to send this task, I acknowledge that I am be form and the associated Form C-1, Form the the certify that the statements made actions are considered.	in the subject well is or will be located: 1) a con with this form; 2) if the form being filed is address, phone number, fax, and email address, phone number, fax, and email address to the surface owner(s). I acknowledge to is information to the surface owner(s). To making charged a \$30.00 handling fee, payable asyment of the \$30.00 handling fee with this in CB-1, Form T-1, or Form CP-1 will be returned.	II 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this ress. that, because I have not provided this information, the itigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 med.			

JUN 1 8 2013

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

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	15189216360001	Lease Name: _	FORWARD		Well #: <u>1-5 INF</u>
					and the second s
Own	er Name: CAREY PARTNE	RSHIP LP			
	Address: 740 PRESTON T	RL			
	City: WICHITA	State:	KS Zip:	67230-1505	
	er Name: Address:				
	City:	State:	Zip:		
	er Name: Address:				
	City:	State:	Zip:		
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	City:	State:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013