KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

U70113_**51'ess.** edf

March 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,

Check Applicable Boxes: MUST be subn	nitted 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.: 222042
Gas Gathering System:	Lease Name: _ GREGG
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.:	T034S - R036W: SEC 013 SW4, SE4, N2
Entire Project: Yes No	
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):
Condens Did Down in his	
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)	leet from N / S Line of Section
and the second of the second o	leet from ☐ E / ☐ W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover OK Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE RECEIVED
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 KANSAS CORPORATION COMMISSIO
P. O. BOX 4358, HOUSTON, TX 77210-4358	11 N 1 8 2013
DOO MANAGERIA ATTORNEY IN FACT	TON DIVISION
Title: _RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS
32864	Contact Porces. BRENDA WALLER
New Operator's License No. 32864 \(\square\)	CONTRACT PERSON.
New Operator's Name & Address: XTO ENERGY INC.	Phone:405-319-3259
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser:
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>
Acknowledgment of Transfer: The above request for transfer of injection	n authorization, surface pit permit # has been
noted, approved and duty recorded in the records of the Kansas Corporation	n Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	e above injection well(s) or pit permit.
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:	permitted by No.:
Date:	Date:
Date:	Authorized Signature
DISTRICT EPR	PRODUCTION 7. 30.13 UIC 7-29-13
Mail to: Past Operator New Opera	ator Dietriet



	N,	Must Be	Filed For All Wells	1 3872	
KDOR Leas	e No.:				
* Lease Name	: GREGG		Location: 1	3 34 36W(SE	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
13 INF	15189222400001	1280FSL_	1250FEL	GAS	ACTIVE
		FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL		
		FSUFNL	FEUFWL		_
-	- · ·	FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		
	<u> </u>	FSL/FNL	FEL/FWL		
	•	FSL/FNL	FEL/FWL		_
		FSUFNL	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		
300		FSL/FNL			
		FSL/FNL			RECEIVED
			EEL/EWI	KAN	SAS CORPORATION COMMISSION

A separate sheet may be attached if necessary

_FEL/FWL

FELFWL

CONSERVATION DIVISION WICHITA, KS

,FSL/FNL

_FSL/FNL _

^{*} 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 hay 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		A.R. (6.1				
EVVOLUMORII OII GODDODATIO			ocation: SE see 1	3 Twp.34 S. R.36 Eas X West		
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358				-		
Address 2:				Well #: 13 INF		
		40.50				
Crity: HOUSTON State: TX 7ip: 77210 + 4358 Contact Person: ADAM SCOTT			If bling a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: (713 431- 1854 Fax:	713 431-1475	T0349	6 - R036W: SEC 013 5	SW4, SE4, N2		
Email Address: adam.e.scott@exxonmot						
Surface Owner Information:						
Name: See Attached				ring multiple surface owners, attach an additiona		
Address 1:			sheet listing all of the information to the left for each surface owner. So owner information can be found in the records of the register of deeds f			
Address 2:		county	and in the real estate	property tax records of the county treasurer.		
City: State:	+					
the KCC with a plat showing the predicted	d locations of lease	roads, tank batteries	, pipelines, and elec	t), you must supply the surface owners and trical lines. The locations shown on the plat 1 plat, or a separate plat may be submitted.		
Select one of the following:	,					
I certify that, pursuant to the Kar owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, a	the subject well is n with this form; 2)	or will be located: 1) if the form being filed	a copy of the Form is a Form C-1 or Fo	provided the following to the surface C-1, Form CB-1, Form T-1, or Form orm CB-1, the plat(s) required by this		
	information to the	surface owner(s). To	mitigate the additi	ave not provided this information, the onal cost of the KCC performing this ch is enclosed with this form.		
If choosing the second option, submit pa form and the associated Form C-1, Form				is not received with this form, the KSONA-1		
I hereby certify that the statements made	herein are true an	d correct to the best (of my knowledge an	d belief.		
Date: 6/15/2013 Signature of O	perator or Agent:	M. Michael McNult	<i>y</i>	Tille: Regional Land Manager		
API # :15189222400001	KDO	R #222042		RECEIVED KANSAS CORPORATION COMMISSION		

JUN 1 8 2013

Surface Owners

API#: 15189222400001

4PI#:_	15189222400001	_ Lease Name: _	GREGG		Well #: 1-3 INF
Own	er Name: LAZY T LAND 8	& CATTLE LLC			
1	Address: 821 ROAD 22				
	City: HUGOTON	State:	KS Zip:	67951-5134	
	er Name:				
	Address:				
	City:	State:	Zip	!	
	er Name: Address:				
	City:	State:	Zip:		
	er Name: Address:				
•		States			
	City:	State:	Zip:		
	er Name: Address:				
	City:	State:	Zip:		

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