### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 Kansas Surface Owner Notification Act, Check Applicable Boxes: MUST be submitted with this form. Oil Lease: No. of Oil Wells \_ Effective Date of Transfer: 7/1/2013 Gas Lease: No. of Gas Wells 219271 KS Dept of Revenue Lease No.: Gas Gathering System:\_ Lease Name: GUSTASON Saltwater Disposal Well - Permit No.: \_\_ NWsec. 29 Two. 32 \_feet from N/ SLine Legal Description of Lease: \_ feet from 🔲 E / 🦳 W Line T032S - R038W: SEC 029 W2, SE4 SEC 032 NW4 Enhanced Recovery Project Permit No.: \_ 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): Surface Pit Permit No.: \_ feet from N / S Line of Section (API No. If Drill Pit, WO or Haul) E / W Line of Section Type of Pit: Emergency Settlina Haul-Off Workover / Past Operator's License No. LAURIE KILBRIDE Contact Person: \_\_ Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 RECEIVED KANSAS CORPORATION COMMISSION P. O. BOX 4358, HOUSTON, TX 77210-4358 Date: 05/31/2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** JUN 1 8 2013 Signature: \_\_Audrew D. Cole CONSERVATION DIVISION WICHITA, KS New Operator's License No. 32864 **BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES **OKLAHOMA CITY, OK 73102** 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze 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 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 \_\_ . Recommended action: permitted by No.: \_\_ Date: Authorized Signature **Authorized Signature** DISTRICT \_ PRODUCTION \_ Mail to: Past Operator\_ **New Operator** District

### Side Two

### Must Be Filed For All Wells

Lease Name: GUSTASON			Location: 2	Location: 29 32 38W/VW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Foolage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned		
INF	15189216140001	4037FSL	4035FEL	GAS	ACTIVE		
					_		
		FSL/FNL	FEL/FWL		-		
		FSL/FNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	- Marie Carlo			
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEUFWL				
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL .				
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		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL .		RECEIVED		
		FSL/FNL	FEL/FWL	KANS/	AS CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL		JUN 1 8 2013 CONSERVATION DIVISION		

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. 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.

00504700 <b>5209</b>					
OPERATOR: License # 5208		Well Location:			
Name: EXXONMOBIL OIL CORPORATIO Address 1: P. O. BOX 4358	Manadagathing a compact and control of plantacons. The first property of the control of of the cont				
		County: Stevens			
Address 2:		Lease Name: GUSTASON Well #: 4 INF			
City: HOUSTON State: TX  Contact Person: ADAM SCOTT	Zip:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of			
Phone: ( 713 431- 1850 Fax: ( 713 431-1475 Fax: ( 713 431-1475		the lease below: T032S - R038W: SEC 029 W2, SE4 SEC 032 NW4			
Surface Owner Information:  Name: See Attached  Address 1:		When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface			
Address 2:		owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.			
City: Skite:		county, and in the real estate property tax records of the county freasurer.			
Select one of the following:		nteries, pipelines, and electrical lines. The locations shown on the plat he Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
	o subject well is or will be loca with this form: 2) if the form hei	(House Bill 2032), I have provided the following to the surface ted: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form ng filed is a Form C-1 or Form CB-1, the plat(s) required by this email address.			
o um oc irdanea to selia alls li	IOMINATOR IO ME SIMBACA AWAA	owledge that, because I have not provided this information, the r(s). To mitigate the additional cost of the KCC performing this payable to the KCC, which is enclosed with this form.			
f choosing the second option, submit payn orm and the associated Form C-1, Form C	ent of the \$30.00 handling fee B-1, Form T-1, or Form CP-1 w	with this form. If the fee is not received with this form, the KSONA-1 iff be returned.			
hereby certify that the statements made he	erein are true and correct to the	best of my knowledge and belief.			
late: 6/15/2013 Signature of Oper	Mor or Agent:	Chulty Tille: Regional Land Manager			
API # :15189216140001	KDOR #219271	RECEIVED KANSAS CORPORATION COMMISSION			

JUN 1 8 2013

### **Surface Owners**

API#:	151892 <sup>2</sup>	16140001	Lease Name: _	GUSTASON		Well #:4 INF
Own	er Name:	BROLLIER, DAVID	D			
	Address:	167 BERESFORD	CREEK ST			
	City:	DANIEL ISLAND	State:	SC Zip:	19492-7522	
	er Name: Address:					
	City:		State:	Zip:		
	er Name: Address:					
	City:		State:	Zip:		
	r Name: ddress: City:		State:	Zip:		
	Name:			•		
	City:		State:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS