#### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 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,
MUST be authoritied with this form.

Check Applicable Boxes:	tted with this form.
Oll 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.: 200367
Saltwater Disposal Well - Permit No.:  Spot Location:  feet from N / S Line  teet from E / W Line  Enhanced Recovery Project Permit No.:  Entire Project: Yes No  Number of Injection Wells  ** Side Two Must Be Completed.  Surface Pit Permit No.:	Lease Name: BOLES
(API No. II Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling	Line of Section   Line of Section   Haul-Off   Workover OR   Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE  Phone: 713-431-1182  Date: 05/31/2013  Signature: Andrew D. Cole
New Operator's License No. 32864   New Operator's Name & Address: XTO ENERGY INC.  210 PARK AVENUE, SUITE 2350  OKLAHOMA CITY, OK 73102  Title: SR. OPERATIONS VICE PRESIDENT	Contact Person: BRENDA WALLER  Phone: 405-319-3259 KCC WICHITA  Oil / Gas Purchaser: ONEOK FIELD SERVICES JUN 18 2013  Dale: 05/31/2013 RECEIVED  Signature: Douglas C. Schultze
Acknowledgment of Transfer: The above request for transfer of injection and noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation
is acknowledged as the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit
•	PRODUCTION 8-5-13 UIC 8-5-13
Mail to: Past Operator New Operator	or District

#### Side Two

#### Must Be Filed For All Wells

* Lease Name	PAI E	* Location: 1 32 34WSW				
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/NJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
E1		2316FSL_	2970FEL	GAS	ACTIVE	
	_	FSL/FNL	FEUFWL			
<del></del>		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		<u>.</u>	
	•	FSL/FNL	FEL/FWL	-	_	
		FSL/FNL	FEL/FWL		<u> </u>	
	Water 1977	FSUFNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
<del></del>		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	***************************************		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			

#### A separate sheet may be attached if necessary

FSL/FNL

FSL/FNL

FSL/FNL

FSL/FNL

FSL/FNL

FSL/FNL

\_FEL/FWL

\_FEL/FWL

\_FEL/FWL

\_ FEL/FWL

FEL/FWL

**FEL/FWL** 

KCC WICHITA

JUN 18 2013

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<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.

OPERATOR: License # 5208	Well Location:	
Name: EXXONMOBIL OIL CORPORATIO		Sec. 1 Twp.32 S. R. 34 East X West
Address 1: P. O. BOX 4358		
Address 2:	Lease Name: BOL	ES Well #: <u>E1</u>
City: HOUSTON State: TX	Zip: 77210 + 4358 If filling a Form T-1 to	or multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the lease below:	EC 001 SE4 SW4, W2 SE4, E2 SE4, NE4,
Phone: (Fax:	( <u></u>	
Email Address: adam.e.scott@exxonmot	ill.com	
Surface Owner Information:		
Name: See Attached		T.1 involving multiple surface owners, attach an additional
Address 1:		ne information to the left for each surface owner. Surface an be found in the records of the register of deeds for the
Address 2:		al estate property tax records of the county treasurer.
City: State:	++	
owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, a  I have not provided this information of the land this information.	nsas Surface Owner Notice Act (House Bill 2032), the subject well is or will be located: 1) a copy of the with this form; 2) if the form being filed is a Form Coddress, phone number, fax, and email address.  On to the surface owner(s). I acknowledge that, becautiful information to the surface owner(s). To mitigate the graph of the surface owner(s).	ne Form C-1, Form CB-1, Form T-1, or Form C-1 or Form CB-1, the plat(s) required by this name of the plat(s) required by this name of the provided this information, the needed additional cost of the KCC performing this
form and the associated Form C-1, Form	CB-1, Form T-1, or Form CP-1 will be returned.	the fee is not received with this form, the KSONA-1
I hereby certify that the statements made	herein are true and correct to the best of my knowle	edge and belief.
Date: 6/15/2013 Signature of O	perator or Agent:	Tille: Regional Land Manager
API # :15175002830001	KDOR #200367	KCC WICHITA

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

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### **Surface Owners**

API#:	15175002830001	Lease Name: _	BOLES		Well #: <u>E1</u>				
Own	Owner Name: FITZGERALD FARMS LLC								
	Address: 8748 HIGHWAY 8	3							
	City: LIBERAL	State:	KS <b>Zip</b>	: 67901					
Owi	ner Name: Address:								
	City:	State:	Zi	<b>D:</b>					
	ner Name: Address:								
	City:	State:	Zip	:					
	er Name: Address:								
	City:	State:	Zip	:					
	er Name: Address:								
	City:	State:	Zip	:					

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