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Kansas Corporation Commission Oil & Gas Conservation Division

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REQUEST FOR CHANGE OF OPERATOR TRANSFER OF INJECTION OR SURFACE PIT PERMIT Form 1850NA-1, Contillection of Compiliance with the Kanaga Stations Compiliants Act

Check Applicable Boxes: MUST be au	noe with the Kaneae Surface Owner Hotification Act, abmitted with this form.
Cil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013
Gas Gathering System:	KS Dept of Revenue Lease No.: 221019
Saltwater Disposal Well - Permit No.:	Lease Name: BROLLIER
Spot Location:feet from N / S Line	
leet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T0318 - R036W: SEC 028 NE4, NW4, SW4, SE4
Entire Project: Wes No	
Number of Injection Wells	
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	County: Stevens
	Production Zone(s): CHASE
100000000000000000000000000000000000000	Injection Zone(s):
Surface Pit Permit No.:(API No. II Drill Pit, IMO or Haul)	feet from N / S Line of Section
_	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Hauf-Off Workover OR Dritting
Past Operator's License No. 5206	
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Contact Person: LAURIE KILBRIDE
P. O. BOX 4358, HOUSTON, TX 77210-4358	Phone: _713-431-1182
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date: 06/31/2013 RECEIVED KANSAS CORPORATION COMMISSION
THE PART OF THE PA	Signature: Andrew D. Cole
	JUN 1 8 2013
New Operator's License No. 22864 V	Contact Person: BRENDA WALLER CONSERVATION DIVISION
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2360	Oil / Gas Purchaser: ONEOK FIELD SERVICES
OKLAHOMA CITY, OK 73102	
Title: SR. OPERATIONS VICE PRESIDENT	
	Signature: Desolas C. Schuttre
Acknowledgment of Transfer: The shows payment for transfer.	
noted, approved and duly recorded in the records of the Kansan Communication	authorization, surface pit permit #has been
Commission records only and does not convey any ownership interest in the a	
, management and a	nove injection well(s) or pit permit.
is acknowledged as	
the new operator and may continue to inject fluids as authorized by	is acknowledged as
Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit
	permitted by No.:
Date:	Date:
Authorized Signature / /	Authorized Signature
DISTRICT EPR 7/3//3 PF	RODUCTION P. 1.13 III 8-1-13
New Operator	Dietrict

Side Two

Must Be Filed For All Wells

		•	
KDOR Lase	a No.	221019	

* Lease Name:	BROLLIER		* 1 2	28 31 35W SW	
Well No.	API No. (YR DRLD/PRIE '67)	Footage from (i.e. FSL = Feet)	Section Line from South Line)	Type of Well (Oll/Gas/INL/WSW)	Well Status (PROD/TA'D/Abendoned)
1-2 INF	15189220360001	600FSL	2500FWL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FELFWL		
		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		
		FSL/FNL	FEL/FWL		
		FSUFNL .	FEL/FWL _		
		FSL/FNL	FEL/FWL _		
		F8L/FNL _	FEL/FWL _		
M		FSL/FNL	FELFWL _		
		FSL/FNL	FEL/FWL _		
		FSL/FNL _	FEL/FWL _		
		FSL/FNL _	FEL/FWL _		
		FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL		
		FSL/FNL _	FEL/FWL		RECEIVED KANSAS CORPORATION COMMISSION
		FSL/FNL _	FEL/FWL		JUN 1 8 2013
nerste ebest	By be attached if necessary	FSL/FNL _	FEL/FWL		CONSERVATION DIVISION WIGHTA, KS

^{*} 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 KSOMA-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 # 5206	_ : _	
Name: EXXONMOBIL OIL CORPOR	ATION	- wen cocaton:
Address to D.O. BOY 4000		SN Sec. 28 Twp.31 S. R. 35 Eas X Wes
Address 2:		- County: Stevens
City: HOUSTON State: T	Y 7in: 77940 . 4980	Well #: 1-2 INF
Contact Person: ADAM SCOTT		 If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:
Phone: (713431-1359]F	ax: (713 431-1475	T031S - R035W: SEC 028 NE4, NW4, SW4, SE4
mail Address: adam.e.ecoti@exxonr	mobil.com	
urface Owner Information:		
ome: See Attached		
idress 1:		When filing a Form T-1 involving multiple surface owners, attach an additional sheet listing all of the information to the information.
dress 2:		owner information can be found in the manufact at the surface owner. Surface
ty: State:		county, and in the real estate property tax records of the county treasurer.
this form is being submitted with a Fo e KCC with a plat showing the predict e preliminary non-binding estimates.	orm C-1 (Intent) or CB-1 (Catho led locations of lease roads, tan The locations may be entered a	odic Protection Borehole Intent), you must supply the surface owners and ik batteries, pipelines, and electrical lines. The locations shown on the plat
this form is being submitted with a Fo e KCC with a plat showing the predict e preliminary non-binding estimates. elect one of the following:	orm C-1 (Intent) or CB-1 (Catho ted locations of lease roads, tan The locations may be entered o	odic Protection Borehole Intent), you must supply the surface owners and ik batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
ilect one of the following: I certify that, pursuant to the K owner(s) of the land upon which CP-1 that I am filing in connection; and 3) my operator name,	The locations may be entered of ansas Surface Owner Notice A in the subject well is or will be a on with this form; 2) if the form i address, phone number, fax, a	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.
Plect one of the following: I certify that, pursuant to the K owner(s) of the land upon which CP-1 that I am filling in connection; and 3) my operator name, I have not provided this informat KCC will be required to send the	ansas Surface Owner Notice And the subject well is or will be in on with this form; 2) if the form it address, phone number, fax, a life to the surface owner(s). I a	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this not email address.
I certify that, pursuant to the Kowner(s) of the land upon which CP-1 that I am filing in connectiform; and 3) my operator name,	ansas Surface Owner Notice A the subject well is or will be a on with this form; 2) if the form address, phone number, fax, a tion to the surface owner(s). I a is information to the surface owner on the surface owner of the surface owner	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Cknowledge that, because I have not provided this information, the mer(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.
Plect one of the following: I certify that, pursuant to the K owner(s) of the land upon which CP-1 that I am filing in connecti form; and 3) my operator name, I have not provided this informat KCC will be required to send this task, I acknowledge that I am be thousing the second option, submit part and the associated Form C-1, Form	ansas Surface Owner Notice A the subject well is or will be a conwith this form; 2) if the form is address, phone number, fax, a stion to the surface owner(s). I a is information to the surface ownering charged a \$30.00 handling ayment of the \$30.00 handling in CB-1, Form T-1, or Form CP-1	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Cknowledge that, because I have not provided this information, the mer(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 if will be returned.
ilect one of the following: Certify that, pursuant to the Kowner(s) of the land upon which CP-1 that I am filing in connection; and 3) my operator name, I have not provided this informat KCC will be required to send this task, I acknowledge that I am be thoosing the second option, submit part and the associated Form C-1, Form reby certify that the statements made	ansas Surface Owner Notice A the subject well is or will be a conwith this form; 2) if the form is address, phone number, fax, a stion to the surface owner(s). I a is information to the surface ownering charged a \$30.00 handling ayment of the \$30.00 handling in CB-1, Form T-1, or Form CP-1	Act (House Bill 2032), I have provided the following to the surface ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address. Cknowledge that, because I have not provided this information, the mer(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 if will be returned.

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

APM: 15189220360001 Lease Name: **BROLLIER** Well #: 1-2 INF Owner Name: BEE FARM LLC Address: 2030 STATE HIGHWAY 25 **City: HUGOTON** State: KS **Zip:** 67951-8914 Owner Name: Address: 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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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS