070113_Brown_21.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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 submitted with this form.

Check Applicable Boxes:

Oil Lease: No. of Oil Wells X Gas Lease: No. of Gas Wells	Effective Date of Transfer: 7/1/2013
Gas Gathering System:	KS Dept of Revenue Lease No.: 220110
Saltwater Disposal Well - Permit No.:	Lease Name: BROWN
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T024S - R034W: SEC 021 All
Entire Project: Yes No	
Number of Injection Wells	Elassi.
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	County: Finney
	Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.:	leet from N / S Line of Section leet from E / W Line of Section Haul-Off Workover D Drilling
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole KANSAS CORPORATION COMMISSION
	UN 1 9 2012
New Operator's License No. 32864	Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	AOE 240 2250 WICHITA KS
210 PARK AVENUE, SUITE 2350	FIXIO;
	Oil / Gas Purchaser: ONEOK FIELD SERVICES
OKLAHOMA CITY, OK 73102	Dale: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze
Acknowledgment of Transfer: The above request for transfer of injection a noted, approved and duly recorded in the records of the Kansas Corporation (Commission records only and does not convey any ownership interest in the a	Commission. This acknowledgment of transfer pertains to Kansas Corporation
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:
Authorized Signature / /	Authorized Signature
DISTRICT EPR EPR	PRODUCTION 8.16-13 UIC 8-16-13
Mail to: Past Operator New Operator	

Side Two

w

Must Be Filed For All Wells

Lease Name:	BROWN	*Location: 21 24 34W_5 _				
Well No.	API No. (YR DRLD/PRE '67) 15055213460000 /	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
2628 1		500FSL	2640FEL	GAS	ACTIVE	
		 FSL/FNL				
		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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
· · · · · · · · · · · · · · · · · · ·		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	No. 24		
		FSL/FNL	FEL/FWL	74.		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	NA		
		FSL/FNL	FEL/FWL		RECEIVED KANSAS CORPORATION COMMISS	
		FSL/FNL	FEL/FWL .		JUN_1_8_2013_	
		FSL/FNL	FEL/FWL	and the second s	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	Well Location:
Name: EXXONMOBIL OIL CORPORATION	well Locadon: Sec. 21 Twp.24 S. R. 34 EastX West
Address 1: P. O. BOX 4358	County: Finney
Address 2:	
City: HOUSTON State: TX Zip: 77210 ++ 4351	TVUI V. AM-AM
Contact Person: ADAM SCOTT	the lease below:
Phone: (713 431-1950 Fax: (713 431-1475	T024S - R034W: SEC 021 All
Email Address: adam.e.scott@exxonmobil.com	
Surface Owner Information:	
Name: See Attached	When filing a Form T-1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all of the information to the left for each surface owner. Surface
Address 2:	- UNION HUGHDANDD CAN DE TOUDD IN THE PROCESS OF the register of deads to the
Cay: State: Zip:+	
Select one of the following:	ered on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.
Anner (2) At the lend about while the 20060 will is 0. Mi	ptice Act (House Bill 2032), I have provided the following to the surface ill be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form form being filed is a Form C-1 or Form CB-1, the plat(s) required by this fax, and small address.
I have not provided this information to the surface owner(KCC will be required to send this information to the surface.	s). I acknowledge that, because I have not provided this information, the ice owner(s). To mitigate the additional cost of the KCC performing this ndling fee, payable to the KCC, which is enclosed with this form.
I have not provided this information to the surface owner(: KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 has choosing the second option, submit payment of the \$30.00 has	s). I acknowledge that, because I have not provided this information, the ice owner(s). To mitigate the additional cost of the KCC performing this indiing fee, payable to the KCC, which is enclosed with this form.
I have not provided this information to the surface owner(: KCC will be required to send this information to the surface task, I acknowledge that I am being charged a \$30.00 had	s). I acknowledge that, because I have not provided this information, the ice owner(s). To mitigate the additional cost of the KCC performing this indling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 in CP-1 will be returned.
I have not provided this information to the surface owner(: KCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be required to send this information to the surface owner(: kCC will be surface).	s). I acknowledge that, because I have not provided this information, the ice owner(s). To mitigate the additional cost of the KCC performing this indling fee, payable to the KCC, which is enclosed with this form. If the fee is not received with this form, the KSONA-1 in CP-1 will be returned.

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

JUN 1 8 2013

KANSAS CORPORATION COMMISSION

Surface Owners

API#: 15055213460000

API#: 150552	13460000	Lease Name: _	BROV	<u>VN</u>		Well #: _2628	_
Owner Name:	IOWA BEEF PRO	OCESSORS INC					
	Attn: TAX DEPT PO BOX 2020	302330K3 INC					
City:	SPRINGDALE	State:	AR	Zip:	72765-2020		
Owner Name:							
City:		State:		Zip:			
Owner Name:							
City:		State:		Zip:			
Owner Name: Address:							
City:		State:		Zip:			
Owner Name: Address:							
City:		State:		Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013