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

KANSAS CORPORATION COMMISSION

CONSERVATION DIVISION WICHITA, KS

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 Effective Date of Transfer:_____7/1/2013 X Gas Lease: No. of Gas Wells ____ KS Dept of Revenue Lease No.: . Gas Gathering System:_ Lease Name: DORTH EHRHARD Saltwater Disposal Well - Permit No.: SE Sec. 19 Two. 34 __feet from IN / IS Line Legal Description of Lease: _____feet from E / W Line Enhanced Recovery Project Permit No.: T034S - R039W: SEC 019 SE4 SEC 020 NE4 T035S - R039W: SEC 003 S2 S2 SEC 011 NW4 Entire Project: Yes No Number of Injection Wells_ County: Morton Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE **COUNCIL GROVE** Production Zone(s): ** 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) feet from E / W Line of Section Type of Pit: Emergency Burn Settling Haul-Off Workover(1) Drilling Past Operator's License No. 5208 Contact Person: __LAURIE KILBRIDE Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 RECEIVED

Date: __ 05/31/2013

Contact Person:

Phone:

Signature: Andrew D. Cole

405-319-3259

05/31/2013

Oil / Gas Purchaser: ONEOK FIELD SERVICES

BRENDA WALLER

P. O. BOX 4358, HOUSTON, TX 77210-4358

New Operator's License No. -

210 PARK AVENUE, SUITE 2350

OKLAHOMA CITY, OK 73102

Mail to: Past Operator

Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT

New Operator's Name & Address: XTO ENERGY INC.

Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>
Acknowledgment of Transfer: The above request for transfer of injection a noted, approved and duly recorded in the records of the Kansas Corporation C Commission records only and does not convey any ownership interest in the a	Commission. This acknowledgment of transfer pertains to Kansas Corporation
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 permitted by No.:
Date:	PODUCTION

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

New Operator

Side Two

Must Be Filed For All Wells

Lease Name:	DORTH EHRHARD		* Location:_19	34 39WSE		
Well No.	API No. (YR DRLD/PRE '67)		Foolage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)	
319	15129217620000 🗸	1324FSL 1320FEL		GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL			
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		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL	KANSAS CORP	ECEIVED ORATION COMMISSION	
		FSL/FNL	FEL/FWL	AUL ———	1 8 2013	
		FSUFNL	FEL/FWL	CONSER W	RVATION DIVISION (ICHITA, 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.

Select the corresponding form being file	ed: C-1 distenti CB-1	(Cathodic Protection Borehole Intent)	XT-1 (Transfer) CP-1 (Plugging Application)		
OPERATOR: License # 5208		Well Location:			
Name: EXXONMOBIL OIL CORPORATIO	N .	<u>SE</u> Sec	.19 Twp.34 S. R.39 Eas X West		
Address 1: P. O. BOX 4358		County: Morton			
Address 2:		Lease Name: DORTH EH	RHARD Well #: 319		
City: HOUSTON State: TX	/ips 77210 + 4358	If filing a Form 1-1 for mul	tiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT	and the companion of th	the lease below:	9 SE4 SEC 020 NE4 T035S -		
Phone: { 713 431-/859 Fax: 6	713 431-1475	R039W: SEC 003 S2 S2			
Email Address: adam.e.scott@exxonmob	il.com				
Surface Owner Information:					
Name: See Attached		When filing a Form 1.1 involving multiple surface owners, attach an add			
Address 1:		sheet listing all of the information to the left for each surface own cwiner information can be found in the records of the register of d			
Address 2:		county, and in the real esta	ate property tax records of the county freasurer.		
City: State:	Zip:+				
Select one of the following: X I certify that, pursuant to the Karowner(s) of the land upon which	nsas Surface Owner Notice the subject well is or will be n with this form; 2) if the form	Act (House Bill 2032), I hav located: 1) a copy of the For being filed is a Form C-1 or	B-1 plat, or a separate plat may be submitted. e provided the following to the surface m C-1, Form CB-1, Form T-1, or Form Form CB-1, the plat(s) required by this		
I have not provided this information KCC will be required to send this task, I acknowledge that I am being	information to the surface of	wner(s). To mitigate the add	have not provided this information, the litional cost of the KCC performing this hich is enclosed with this form.		
If choosing the second option, submit pa form and the associated Form C-1, Form	yment of the \$30.00 handlin CB-1, Form T-1, or Form CF	g fee with this form. If the fe -1 will be returned.	e is not received with this form, the KSONA-1		
I hereby certify that the statements made	herein are true and correct t	o the best of my knowledge	and belief.		
Date: 6/15/2013 Signature of Op	perator or Agent:	ael McNulty	Tille: Regional Land Manager		
API # :15129217620000	KDOR #227053		RECEIVED KANSAS CORPORATION COMMISSION		

JUN 1 8 2013

Surface Owners

API#:	15129217620000	Lease Name: _	DORTH	I EHRI	HARD	Well #: _	319
0	er Name: ELKHART FORE	CT CEDVICE					
		SI SERVICE					
	Address: P O BOX 300						
	City: ELKHART	State:	KS	Zip:	67950-0300		
	ner Name:						
	Address:						
	City:	State:		Zip:			
	ner Name: Address:						
	City:	State:		Zip:			
Own	er Name:						
	Address:						
	City:	State:		Zip:			
	er Name: Address:						
	City:	State:		Zip:			

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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS