070113\_ES\_Boase.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION Form T-1 March 2010 Form must be Typed Form must be Tigned 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,

Check Applicable Boxes: MUST be sui	bmitted with this form.		
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.: 207312		
Gas Gathering System:	Lease Name: ES BOASE		
Saltwater Disposal Well - Permit No.:	- NW sec. 31 Two. 26 R. 35W ☐ E XW		
Spot Location: feet from N / S Line			
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T026S - R035W: SEC 031 All —		
Entire Project: Yes No			
Number of Injection Wells**	County: Kearny		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE		
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:  (API No. If Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling			
	lacard Card Card Card Card Card Card Card C		
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		
New Operator's License No. 32864	Contact Person: BRENDA WALLER RECEIVED  405-319-3259 KANSAS CORPORATION COMMISSION		
New Operator's Name & Address: XTO ENERGY INC.	Phone:		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC JUN 1 8 2013		
OKLAHOMA CITY, OK 73102	Date: 05/31/2013 CONSERVATION DIVISION WICHITA, KS		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze		
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duty recorded in the records of the Kansas Corpora Commission records only and does not convey any ownership interest in	ation 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:		
DISTRICT EPR _8/15//3	PRODUCTION 8.16.13 UIC 8-16-13		
Mail to: Past OperatorNew O	perator District		

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

#### Side Two

### Must Be Filed For All Wells

Lease Name:	E S BOASE		* Location: 31	26 35W N W	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2	15093206040000 /	2920FSL	2920FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL			
		FSL/FNL			
<u>-</u>		FSL/FNL			
		FSL/FNL			
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		•
		FSL/FNI	FEL/FWL	Account for the country of the count	
	_	FSL/FNI	FEL/FWL		
		FSL/FNI	FEUFWL		RECEIVED
• • • • • • • • • • • • • • • • • • • •		FSL/FNI	FEL/FWL	KAN	SAS CORPORATION COMMISSIO
		FSUFNI	LFEL/FWL	· · · · · · · · · · · · · · · · · · ·	JUN 1 8 2013
		FSL/FNI	LFEL/FWL		CONSERVATION DIVISION WICHITA, KS

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.

5208	Well Location:				
OPERATOR: License # 5208  Name: EXXONMOBIL OIL CORPORATIO	41.	Sec. 31 Twp.26 S. R. 35 Eas X West			
Name: EXXONMOBIL OIL CORPORATIO Address 1: P. O. BOX 4358	Carried Control of the Control of th				
Address 2:	F&	BOASE Well #: 2			
City: HOUSTON State: TX	Zip: 77210 + 4358 It filling a Form T-1	for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	the lease below:	the lease below: T026S - R035W: SEC 031 All			
Contact Person: ADAM SCOTT Phone: { 713   431-   1854   Fax:					
Email Address: adam.e.scott@exxonmot	II.com				
Surface Owner Information:					
Name: See Attached	When filing a Form	T.1 involving multiple surface owners, attach an additional			
Address 1:	owner information	sheet listing all of the information to the left for each surface owner. Surface 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.			
Address 2:	county, and in the i				
City: State:	_ Zip:+				
Select one of the following:	ne locations may be entered on the Form C-1 part.	Form CB-1 plat, or a separate plat may be submitted.			
owner(s) of the land upon which CP-1 that I am filing in connectio	nsas Surface Owner Notice Act (House Bill 2032) the subject well is or will be located: 1) a copy of n with this form; 2) if the form being filed is a Form address, phone number, fax, and email address.	the Form C-1, Form CB-1, Form T-1, or Form			
KCC will be required to send this	on to the surface owner(s). I acknowledge that, be s information to the surface owner(s). To mitigate ( ing charged a \$30.00 handling fee, payable to the I	the additional cost of the KCC penorming this			
If choosing the second option, submit pa form and the associated Form C-1, Form	nyment of the \$30.00 handling fee with this form. It is CB-1, Form T-1, or Form CP-1 will be returned.	f 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 know	viedge and belief.			
Date: 6/15/2013 Signature of C	perator or Agent:	Title: Regional Land Manager			
API # :15093206040000	KDOR #207312	RECEIVED KANSAS CORPORATION COMMISSIO			

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

CONSERVATION DIVISION WICHITA, KS

JUN 1 8 2013

### **Surface Owners**

Lease Name: ESBOASE Well #: <u>...2</u> API#: 15093206040000 Owner Name: MEYER, MARK E Address: 46376 COUNTY RD 53 City: BENNETT State: CO **Zip:** 80102 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: State: Zip: City: Owner Name: Address: City: State: Zip:

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS