070113_FM_Garver.pdf

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,

Check Applicable Boxes:	Ried With this rain.
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.: 220694
Gas Gathering System:	Lease Name: F M GARVER
Saitwater Disposal Well - Permit No.:	NW Sec. 9 Twp. 31 R. 35W ΓΕΙΧΨ
Spot Location: feet from N / S Line	Legal Description of Lease:
teet from E / W Line	T031S - R035W: SEC 009 SW4, E2, NW4
Enhanced Recovery Project Permit No.:	10313 - 103011. 320 000 3114, 12, 11114
Entire Project: Yes No	
Number of Injection Wells **	County: Stevens
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: (API No. II Drill Pit, WO or Haul)	leet from N / S Line of Section
(API NO. II DIIII PII, WO DI FIBILI)	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover 0 2 Drilling
5208	Contact Person: LAURIE KILBRIDE
Past Operator's License No. 5208	RECEIVED
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Pilote:
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1 8 2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Audrew D. Cole</u> CONSERVATION DIVISION WICHITA, KS
32864	Contact Person: BRENDA WALLER
New Operator's License No. 32864 V	ADE.210.2250
New Operator's Name & Address: XTO ENERGY INC.	P110119;
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>
Acknowledgment of Transfer: The above request for transfer of injectio noted, approved and duty recorded in the records of the Kansas Corporatio Commission records only and does not convey any ownership interest in the	n 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:	
Date:	Date:
0/, //>	PRODUCTION 8.7.15 UIC 8-7-13
Dio (me)	rator District

Must Be Filed For All Wells

KDOR Lease No.: 220694 F M GARVER			Location: 9 :	31 35W N W	
Lease Name:				Type of Well	مبشملا المالية
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fr	Foolage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)
3 INF		1250FNL	1300FWL	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		
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to grand and the up spareth current		FSL/FNL			
		FSL/FNL			RECEIVED KANSAS CORPORATION COMMISSION
		FSL/FNL			JUN_1_8_2013_
			FEL/FWL		CONSERVATION DIVISION WICHITA, KS

__FSL/FNL _____FEL/FWL _

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 filed				
OPERATOR: License # 5208		Well Location:		
Name: EXXONMOBIL OIL CORPORATION	1988 - North I - Francis Medicine - Francis on State Color of the State of the American State of the State of		Twp.31 S. R.35 Eas X West	
Address 1: P. O. BOX 4358		County: Stevens		
Address 2:		Lease Name: FM GARVER	Well #: 3 INF	
City: HOUSTON State: TX	Zip: <u>77210 ++ 4358</u>	It filing a Form T-1 for multiple wells on a lease, enter the legal description		
Contact Person: ADAM SCOTT		the lease below: T031S - R035W: SEC 009 SW4, E2, NW4		
Phone: (713 431-1259 Fax: (-				
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 addition sheet listing all of the information to the left for each surface owner. Sur		
Address 1:		owner information can be found it	n the records of the register of deeds for the	
Address 2:		county, and in the real estate prop	perty tax records of the county freasurer.	
City: State;	Z(b:+			
the KCC with a plat showing the predicted are preliminary non-binding estimates. The Select one of the following:	e locations may be entered on	the Form C-1 plat, Form CB-1 pl	at, or a separate plat may be submitted.	
i certify that, pursuant to the Kan- owner(s) of the land upon which the CP-1 that I am filing in connection form; and 3) my operator name, ac	he subject well is or will be loo with this form; 2) if the form be	cated: 1) a copy of the Form C-1 ging filed is a Form C-1 or Form	, FORM CB-1, FORM 1-1, OF FORM	
I have not provided this information KCC will be required to send this task, I acknowledge that I am bein	information to the surface owr	ier(s). To mitigate the additional	Cost of the MCC benoming mis	
If choosing the second option, submit pay form and the associated Form C-1, Form	ment of the \$30.00 handling f CB-1, Form T-1, or Form CP-1	ee with this form. If the fee is no will be returned.	ot received with this form, the KSONA-1	
I hereby certify that the statements made	herein are true and correct to	the best of my knowledge and b	ellef.	
Date: 6/15/2013 Signature of Op	erator or Agent:	! McNulty Ti	le: Regional Land Manager	
API # :15189219660000	KDOR #220694		RECEIVED KANSAS CORPORATION COMMISSI	

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

CONSERVATION DIVISION WICHITA, KS

JUN 1 8 2013

Surface Owners

API#: 15189219660000	Lease Name: F	MI GARVER	Well #: _3 INF
API#: 1516921900000			
Owner Name: CULLISON, JA	MES W ETAL		
Address: PO BOX 367			
Address. 1 O DOX 007			
City: SATANTA	State: K	S Zip: 67870	
City: OADAM			
Owner Name:			
Address:			
City:	State:	Zip:	
Owner Name:			
Address:			
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City:	State:	Zip:	
Owner Name:			
Address:			
City:	State:	Zip:	
Owner Name:			
Address:			
	64-4	7! .	
City:	State:	Zip:	

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS