070113_Fannie.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 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 Compilance with the Kansas Surface Owner Notification Act,

Check Applicable Boxes:	ieu wan nua kum. I		
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.: 208280		
Gas Gathering System:	Lease Name: FANNIE IPSON		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line			
feet from DE / DW Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T033S - R039W: SEC 017 SE4 SEC 020 NE4, SE4 SEC 021 SW4		
Entire Project: Yes No	3117		
Number of Injection Wells**	County: Morton		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE		
** Side Two Must Be Completed.	1		
Side i No musi de Completed.	Injection Zone(s):		
Surface Pit Permit No.:	leet from N / S Line of Section		
(API No. II Drill Pit, WO or Haul)			
Type of Pit: Emergency Burn Settling	Haul-Off Workover 62 Drilling		
About II. Command			
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 KANSAS CORPORATION COMMISSIO		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 JUN 1 8 2013		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS		
New Operator's License No. 32864	Contact Person: BRENDA WALLER		
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259		
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES		
OKLAHOMA CITY, OK 73102	Date: 05/31/2013		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze		
Acknowledgment of Transfer: The above request for transfer of injection a	authorization, surface pit permit # has been		
noted, approved and duly recorded in the records of the Kansas Corporation	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
Commission records only and does not convey any ownership interest in the	above injection well(s) or pit permit.		
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		
Date:	Date:		
DISTRICT EPR	PRODUCTION <u>8.15.13</u> uic 8-15-13		
Mail to: Past Operator New Operato			

N

Must Be Filed For All Walls

ese Name	FANNIE IPSON		Location: 21	1 33 39WSW	
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned
1	15129201660000	1320FSL	3960FEL	GAS	ACTIVE
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		-
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
	- Land	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		
	- Indiana in the second of the	FSL/FNL	FEL/FWL		_
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED

A separate sheet may be attached if necessary

_FSL/FNL _____FEL/FWL

_FSL/FWL _____FEL/FWL

_fsufnl _____feufwl _

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, 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 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 (Weil Plugging Application).

Any such form submitted without an accompanying Form KSONA-1 will be returned.

OPERATOR: License # 5208	Well Location:			
Name: EXXONMOBIL OIL CORPORATION	I	. SW Sec. 21 Twp.33 S. R. 39 Eas(X) West		
Address 1: P. O. BOX 4358	County: Morto	n		
Address 2:	Lease Name: J	FANNIE IPSON Well #: 1		
City: HOUSTON State: TX		T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT		the lease below: T033S - R039W: SEC 017 SE4 SEC 020 NE4, SE4 SEC 021 SW4		
Phone: (713 431-1859 Fax: (_	713 431-1475 SW4			
Email Address: adam.e.scott@exxonmobil	.com			
Surface Owner Information:				
Name: See Attached		orm T-1 involving multiple surface owners, attach an additional		
Address 1:		of the information to the left for each surface owner. Surface ion can be found in the records of the register of deeds for the		
Address 2:		he real estate property tax records of the county treasurer.		
City: State:	Zip:+			
owner(s) of the land upon which th	ne subject well is or will be located: 1) a copy :	32), I have provided the following to the surface of the Form C-1, Form CB-1, Form T-1, or Form cm C-1 or Form CB-1, the plat(s) required by this		
	dress, phone number, fax, and email address.			
KCC will be required to send this in		because I have not provided this information, the te the additional cost of the KCC performing this e KCC, which is enclosed with this form.		
	ment of the \$30.00 handling fee with this form. CB-1, Form T-1, or Form CP-1 will be returned.	. If the fee is not received with this form, the KSONA-1		
•				
·	nerein are true and correct to the best of my kn	owledge and belief.		
·	W Wieled W.M.do.	owledge and belief. Tille: Regional Land Manager		

JUN 1 8 2013

Surface Owners

API#:	15129201660000	Lease Name: _	FANNIE IPSC	ON	Well #: _1
Own	er Name: LIGHT, DAVID C I	ETAL			
	Address: P O BOX 257				
	City: ROLLA	State:	KS Zip:	67954-0257	
Own	er Name:				
	Address:				
	City:	State:	Zip:		
	er Name: Address:				
	City:	State:	Zip:		
	er Name:				
,	Address: City:	State:	Zip:		
Owne	or Name:				
A	Address:				
	City:	State:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS