070113_Johnson_SW.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 Hotification Act,
MUST be submitted with this form

Check Applicable Boxes: MUST be sur	bmitted with this form.		
Check Applicable Boxes: Oil Lease: No. of Oil Wells Gas Lease: No. of Gas Welle Gas Gathering System: Saltwater Disposal Well - Permit No.: feet from N / S Line feet from E / W Line Feet from	Effective Date of Transfer:		
Surface Pit Permit No.:	feet from N / S Line of Section		
(API No. II Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	Haul-Off		
Past Operator's License No5208 V	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: _713-431-1182 KANSAS CORPORATION COMMISSION		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 ILIN 1 9 2012		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature:		
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: <u>Douglas C. Schultze</u>		
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	ion Commission. This acknowledgment of transfer pertains to Kansas Corporation		
is acknowledged a	s is acknowledged as		
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:			
Date:	Date:		
DISTRICT EPR 8/12/13 Mail to: Past Operator New Ope	PRODUCTION 8.14.13 uic 8-13-13 prator District		

Side Two

Must Re Flied For All Welle

Lease Name:	JOHNSON	* Location: 33 26 37WSW			
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)
A12	15093200760000 /	1250FSL	1250FEL	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		
		FSUFNL	FEL/FWL		
		FSL/FNL	FEL/FWL		_
		FSL/FNL	FEL/FWL	***************************************	
		FSL/FNL	FEUFWL		
	VIII. CONTRACTOR OF THE CONTRA	FSL/FNL	FEL/FWL	44,444,444	
		FSL/FNL	FEL/FWL		•
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL	КА	RECEIVED NSAS CORPORATION COMMISSIO
		CCI /Chii	ECI /CAR		JUN 1 8 2013

A separate sheet may be attached if necessary

_ FEL/FWL

FEL/FWL

CONSERVATION DIVISION

WICHITA, KS

FSL/FNL ___

FSL/FNL __

^{*} 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 CORPORATI		SW Sec. 33 Twp.26 S. R. 37 Eas X West			
Address 1: P. O. BOX 4358					
Address 2:	Lease Name: JOHN	NSON Well #: A12			
City: HOUSTON State: TX	Zip: 77210 + 4358 If filing a Form 7-1 to	If filing 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 - R037W: SEC 033 Ali			
Phone: (713 431- 1850 Fax	713 431-1475 10203 - R037W. SE	EC 033 AII			
Email Address: adam.e.scott@exxonmo	bil.com				
Surface Owner Information:	A Section And Additional and the steel resp.				
Name: See Attached	When filing a Form 1	When filing a Form T-1 involving multiple surface owners, attach an additional 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			
Address 1:					
Address 2:		al estate property tax records of the county treasurer.			
City: State:	Zip:+				
Select one of the following:	the locations may be entered on the Form C-1 plat, Fo	, , , ,			
owner(s) of the land upon which CP-1 that I am filing in connection	insas Surface Owner Notice Act (House Bill 2032), in the subject well is or will be located: 1) a copy of the on with this form; 2) if the form being filed is a Form C address, phone number, fax, and email address.	e Form C-1, Form CB-1, Form T-1, or Form			
KCC will be required to send thi	ion to the surface owner(s). I acknowledge that, beca s information to the surface owner(s). To mitigate the ing charged a \$30.00 handling fee, payable to the KC	e additional cost of the KCC performing this			
	ayment of the \$30.00 handling fee with this form. If the CB-1, Form T-1, or Form CP-1 will be returned.	he fee is not received with this form, the KSONA-1			
I hereby certify that the statements made	e herein are true and correct to the best of my knowle	edge and belief.			
Date: 6/15/2013 Signature of C	Operator or Agent: M. Michael McNutty	Title: Regional Land Manager			
API # :15093200760000	KDOR #208446	RECEIVED KANSAS CORPORATION COMMISSION			

JUN 1 8 2013

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

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#: 15093200760000

Owner Name: THOMPSON, KEITH D & LINDA K Address: 806 OLD FRM ESTATE APT B City: HUTCHINSON State: KS **Zip:** 67502 **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip: **Owner Name:** Address: City: State: Zip:

Lease Name:

JOHNSON

RECEIVED KANSAS CORPORATION COMMISSION

Well #: A1--2

1 1 A

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS