## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1 Merch 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:  | t  |
|--|--|
| 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.: 221124                                       |
| Gas Gathering System:  | Lease Name: K BROWN  |
| Saltwater Disposal Well - Permit No.:  |  |
| Spot Location: feet from N / S Line  |  |
| teet from E / W Line   | Legal Description of Lease:  |
| Enhanced Recovery Project Permit No.:  | T033S - R036W: SEC 009 NE4, NW4, SW4, SE4                                  |
| 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):   |
|  | Injection Zone(s):   |
| Surface Pit Permit No.:  | feet from N / S Line of Section  |
| (API No. It Drill Pit, WO or Haul)   | teet from E / W Line of Section  |
| Type of Pit: Emergency Burn Settling   | Haul-Off Workover D Drilling   |
|  |  |
| Past Operator's License No   | Contact Person: LAURIE KILBRIDE  |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION   | Phone:   |
| P. O. BOX 4358, HOUSTON, TX 77210-4358   | Date: 05/31/2013 KANSAS CORPORATION COMMISSION                             |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT  | Signature: Andrew D. Cole JUN 1 8 2013                                     |
| Title:   |  |
|  | CONSERVATION DIVISION WICHITA, KS  |
| New Operator's License No  | 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                                  |
| OVI AUGUS CITY OF TOLOG  | 0510410040   |
| OKLAHOMA CITY, OK 73102  | Valle.   |
| 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 | 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:  |
| Authorized Signature /   | Authorized Signature   |
| 1  | PRODUCTION 8.1.13 uic 8-1-13   |
| Mail to: Past Operator New Operat  | or District  |

W

#### Must Be Filed For All Wells

| Lease Name | : K BROWN                    | K BROWN Location: 9 33 36W) E |   |   |                                     |  |  |
|------------|------------------------------|-------------------------------|---|---|-------------------------------------|--|--|
| Well No.   | API No.<br>(YR DRLD/PRE '67) |                               | Footage from Section Line (i.e. FSL = Feet from South Line) |   | Well Status<br>(PROD/TA'D/Abandoned |  |  |
| 1-4 INF    | 15189220690001               | 1250FNL                       | 1250FEL   | GAS                                     | ACTIVE                              |  |  |
|            |                              | <del></del>                   |   | _                                       |                                     |  |  |
|            |                              | FSL/FNL                       | FEUFWL  |   |                                     |  |  |
|            | •                            | FSL/FNL                       | FEL/FWL   |   |                                     |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   |   | -                                   |  |  |
|            |                              | FSL/FNL                       | FEUFWL  |   |                                     |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   |   |                                     |  |  |
|            |                              | FSUFNL                        | FEUFWL  | ·                                       |                                     |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   |   |                                     |  |  |
|            |                              | FSL/FNL                       | FEUFWL  |   | -                                   |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   |   | _                                   |  |  |
|            | <u> </u>                     | FSL/FNL                       | FEL/FWL   |   |                                     |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   |   |                                     |  |  |
|            | <u> </u>                     | FSL/FNL                       | FEL/FWL   |   | -                                   |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   |   |                                     |  |  |
| 490        |                              | FSL/FNL                       | FEL/FWL   |   |                                     |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   | *************************************** |                                     |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   |   |                                     |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   |   |                                     |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   | *************************************** |                                     |  |  |
|            |                              | FSUFNL                        | FEL/FWL   |   | RECEIVED                            |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   | KANS                                    | AS CORPORATION COMMISSION           |  |  |
|            |                              | FSL/FNL                       | FEL/FWL   |   | JUN 1 8 2013                        |  |  |
|            |                              |                               |   |   | CONSERVATION DIVISION WICHITA, KS   |  |  |

A separate sheet may be attached if necessary

\_FSL/FNL \_\_\_\_\_FEL/FWL \_

<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.

| Select the corresponding form being                                     | ig filed:C-1 (intent)CB-1 (Cal  | nodic Protection Borenoie Intent)                                    | (transier)CP-1 (Hugging Application)   |  |  |  |
|---|---|--|--|--|--|--|
| OPERATOR: License # 5208  | Machine   | Well Location:   |  |  |  |  |
|   | ATION   |  | vp.33 S. R.36 Eas(X)West   |  |  |  |
| Address 1: P. O. BOX 4358   |   | County: Stevens  |  |  |  |  |
| Address 2:  |   | Lease Name: K BROWN  | Well #: 1-4 INF  |  |  |  |
| City: HOUSTON State: _1   | X Zip: 77210 ++ 4358  | If filing a Form T-1 for multiple wells                              | on a lease, enter the legal description of   |  |  |  |
| Contact Person: ADAM SCOTT  |   | the lease below:   |  |  |  |  |
| Phone: ( 713 #31-   859   | -ax: ( <u>713 431-1475</u>  | T033S - R036W: SEC 009 NE4, NW                                       | 74, SW4, SE4   |  |  |  |
| Email Address: adam.e.scott@exxor                                       |   |  |  |  |  |  |
| Surface Owner Information:  |   | . ,,   | and the second s |  |  |  |
| Name: See Attached  |   | When filing a Form T-1 involving mul                                 | ltiple surface owners, attach an additional  |  |  |  |
| Address 1:  |   |  | the left for each surface owner. Surface the records of the register of deeds for the  |  |  |  |
| Address 2:  |   |  | ly tax records of the county treasurer.  |  |  |  |
| City: State:  |   |  |  |  |  |  |
| owner(s) of the land upon wi  | Kansas Surface Owner Notice Act<br>nich the subject well is or will be loca   | (House Bill 2032), I have provide ated: 1) a copy of the Form C-1, F | ed the following to the surface<br>form CB-1, Form T-1, or Form  |  |  |  |
|   | ction with this form; 2) if the form bei<br>ne, address, phone number, fax, and                                       |  | 3-1, the plat(s) required by this  |  |  |  |
| KCC will be required to send  | nation to the surface owner(s). I ack<br>this information to the surface owner<br>being charged a \$30.00 handling fe | er(s). To mitigate the additional co                                 | st of the KCC performing this  |  |  |  |
| If choosing the second option, submiform and the associated Form C-1, F |   |  | eceived with this form, the KSONA-1  |  |  |  |
| I hereby certify that the statements m                                  | ade herein are true and correct to the  | ne best of my knowledge and belie                                    | f.   |  |  |  |
| Date: 6/15/2013 Signature   | of Operator or Agent:   | McNulty Title:   | Regional Land Manager  |  |  |  |
| API # :15189220690001   | KDOR #221124  |  | 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#: | 15189220              | 0690001        | Lease Name: _ | K BRO | MN   |            | Well #:14 INF | · · · · · · · · · · · · · · · · · · · |
|-------|-----------------------|----------------|---------------|-------|------|------------|---------------|---------------------------------------|
|       |                       |                |               |       |      |            |               |                                       |
| Own   | er Name: 1            | HANKE PROPER   | TIES LLC      |       |      |            |               |                                       |
|       | Address: 3            | 37706 E HUDSOI | N RD          |       |      |            |               |                                       |
|       | City: (               | OAK GROVE      | State:        | МО    | Zip: | 64075-9064 |               |                                       |
| Owi   | ner Name:             |                |               |       |      |            |               |                                       |
|       | Address:              |                |               |       |      |            |               |                                       |
|       | City:                 |                | State:        |       | Zip: |            |               |                                       |
|       | ner Name:<br>Address: |                |               |       |      |            |               |                                       |
|       | City:                 |                | State:        |       | Zip: |            |               |                                       |
|       | er Name:              |                |               |       |      |            |               |                                       |
|       | Address:<br>City:     |                | State:        |       | Zip: |            |               |                                       |
| Own   | er Name:              |                |               |       |      |            |               |                                       |
|       | Address:              |                |               |       |      |            |               |                                       |
|       | City:                 |                | State:        |       | Zip: |            |               |                                       |

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013