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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form must be Typed Form must be Signed All blanks must be Filed

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, MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells Effective Date of Transfer-Gas Lease: No. of Gas Wells KS Dept of Revenue Lease No.: 221939 Gas Gathering System: Lease Name: L G BLACKMER Saltwater Disposal Well - Permit No.: ___ 35 __feet from N / N S Line Legal Description of Lease: __ feet from DE / DW Line T035S - R036W: SEC 008 N2, SE4, SW4 Enhanced Recovery Project Permit No.: 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.: leet from N / S Line of Section (API No. If Drill PIL WO of Haul) feet from E / W Line of Section Type of Pit: Emergency ☐ Burn Settling Haul-Off Workover / Past Operator's License No. 5208 **LAURIE KILBRIDE** Contact Person: RECEIVED KANSAS CORPORATION COMMISSION Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 Date: __05/31/2013 JUN 1 8 2013 **RSO MANAGER/AGENT & ATTORNEY-IN-FACT CONSERVATION DIVISION** Signature: __Andrew D. Cole WICHITA, KS New Operator's License No. 32864 **BRENDA WALLER** Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: . 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: ONEOK FIELD SERVICES OKLAHOMA CITY, OK 73102 05/31/2013 Title: SR. OPERATIONS VICE PRESIDENT Signature: <u>Douglas C. Schultre</u> Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #___ 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: **Authorized Signature** Authorized Signature DISTRICT . **PRODUCTION**

New Operator

Mail to: Past Operator_

Side The

Must Be Filed For All Wells

Lease Name: L G BLACKMER		* Location: 8 35 36WSW					
Well No.	API No. (YR ORLD/PRE '67)	Footage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Ol/Gas/INL/WSW)	Well Status (PROD/TA'D/Abandoned)		
2-3 INF	15189221740000	1250FSL	₩ 1250F/EL	GAS	ACTIVE		
			·				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
			FEL/FWL				
		···	FEL/FWL				
			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	FEUFWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL		****		
		FSL/FNL	FEL/FWL		RECEIVED		
		FSL/FNL	FEL/FWL		KANSAS CORPORATION COMMISSI		
		FSL/FNL	FEL/FWL		JUN 1 8 2013		
		FSL/FNL	FEL/FWL	Marie and the second se	CONSERVATION DIVISION		
<u> </u>		FSL/FNL	FEL/FWL		WICHITA, KS		

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

CERTIFICATION OF COMPLIANCE WITH THE KANSAS SURFACE OWNER NOTIFICATION ACT

Form KSONA-1 July 2010 Form Must Be Typed Form must be Signed All blanks must be Filled

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.

	Well Location:			
Name: EXXONMOBIL OIL CORPORATION				
Address 1: P. O. BOX 4358	County: Stevens			
Address 2:	Lease Name: L G BLACKMER Well #: 2-3 INF			
Cay: HOUSTON State: TX Zip: 77210 + 4358 Contact Person: ADAM SCOTT	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: (713 431-1854 Fax: (713 431-1475	T0368 - R036W: SEC 008 N2, SE4, SW4			
mail Address: adam.e.scott@exxonmobil.com				
Surface Owner Information:				
lame; See Attached	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			
ddress 1:				
ddress 2:	county, and in the real estate property tax records of the county treasurer.			
ity:+ State: Zip:+				
Select one of the following:				
I certify that, pursuant to the Kansas Surface Owner Notice	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form			
CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a	being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.			
CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a	and email address. acknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this			
CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface or task, I acknowledge that I am being charged a \$30.00 handling choosing the second option, submit payment of the \$30,00 handling	and email address. acknowledge that, because I have not provided this information, the wner(s). To mitigate the additional cost of the KCC performing this gree, payable to the KCC, which is enclosed with this form.			
CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a linear not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling choosing the second option, submit payment of the \$30.00 handling from and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	acknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this give, payable to the KCC, which is enclosed with this form. If fee with this form. If the fee is not received with this form, the KSONA-1-1 will be returned.			
CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling of choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1 hereby certify that the statements made herein are true and correct to	acknowledge that, because I have not provided this information, the wher(s). To mitigate the additional cost of the KCC performing this give, payable to the KCC, which is enclosed with this form. If fee with this form. If the fee is not received with this form, the KSONA-1-1 will be returned.			

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	1518922	21740000	Lease Name: _	LGB	LACKM	ER	Well #; _2-3 INF
Own	er Name:	VOILES, JD & ES	THER FAM TR				
	Address:	% MARTINS, ZEL PO BOX 430	LA				
	City:	HOOKER	State:	OK	Zip:	73945-0430	
	er Name:						
	Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		
	r Name: .ddress:						
	City:		State:		Zip:		
	^r Name: ddress:						
	City:		State:		Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS