### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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Form T-1
March 2010
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,

Check Applicable Boxes: MUST be subn	nitted with this form.		
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013		
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 202094		
Gas Gathering System:	Lease Name: LT JOHNSON		
Saltwater Disposal Well - Permit No.:	NW_Sec. 2 Twp. 35 R. 40W [] E XW		
Spot Location: feet from N / S Line	· · · · · · · · · · · · · · · · · · ·		
feet from E / W Line	Legal Description of Lease:		
Enhanced Recovery Project Permit No.:	T034S - R039W: SEC 032 NW4 T034S - R040W: SEC 035 SE4 T035S - R040W: SEC 002 SE4, NW4		
Entire Project: Yes No	,		
Number of Injection Wells **	County: Morton Production Zone(s): CHASE		
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE			
** Side Two Must Be Completed.	Injection Zone(s):		
Surface Pit Permit No.:	leet from N / S Line of Section		
(API No. If Drill Pit, WO or Haul)	leet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover OR Drilling		
	District OK Dames		
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: _713-431-1182		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 RECEIVED KANSAS CORPORATION COMMISSION		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u> JUN 1 8 2013		
New Operator's License No32864 V	CONSERVATION DIVISION Contact Person: BRENDA WALLER WICHITA, KS		
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	Dale: 05/31/2013		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas Q. Schultze		
Acknowledgment of Transfer: The above request for transfer of injection			
Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation 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:		
	Authorized Signature		
DISTRICT EPR   8 / 15 / 1/3   Mail to: Past Operator New Operator   New Operator	PRODUCTION <u>9.16.13</u> uic <u>8-16-13</u> or		
	Urauri		

#### Side Tex

#### Must Be Filed For All Wells

Lease Name:	L T JOHNSON		* Location: 2 35 40W NW			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned	
1	15129004500000	3960FSL	3960FEL	GAS	ACTIVE	
	NAME OF THE OWNER OWNER OF THE OWNER OWNE	FSL/FNL	FEUFWL			
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William	The state of the s	FSL/FNL	FEL/FWL	PRESIDENT AND	•	
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<del></del>		FSL/FNL	FEL/FWL	KANSAS	S CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL	Assertion and the second district of the seco	J <u>UN 1 8 2013</u>	
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION - WICHITA, KS	

A separate sheet may be attached if necessary

<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.

OPERATOR: License # 5208	Well Location:	
	<u></u>	W Sec. 2 Twp.35 S. R.40 Eas X West
Address 1: P. O. BOX 4358	County: Morton	
Address 2:	Lease Name: L1	JOHNSON Well #: 1
City: HOUSTON State:		for multiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the lease below:	SEC 032 NW4 T034S - R040W; SEC 035 SE4
Phone: ( 713 431-1859	( /13 431-14/8	SEC 002 SE4, NW4
Email Address: adam.e.scott@exxor	mobil.com	·
Surface Owner Information:		
Name: See Attached	When filing a For	n T-1 involving multiple surface owners, attach an additional
Address 1:	sheet listing all of	the information to the left for each surface owner. Surface can be found in the records of the register of deeds for the
Address 2:		real estate property tax records of the county treasurer.
City: State:	Zip:+	
Select one of the following:	s. The locations may be entered on the Form C-1 plat,	ronn co-r piat, or a separate plat may be submitted.
owner(s) of the land upon where CP-1 that I am filing in connection; and 3) my operator named I have not provided this information.  KCC will be required to send	Kansas Surface Owner Notice Act (House Bill 2032) lich the subject well is or will be located: 1) a copy of ction with this form; 2) if the form being filed is a Form ie, address, phone number, fax, and email address.  nation to the surface owner(s). I acknowledge that, be this information to the surface owner(s). To mitigate the being charged a \$30.00 handling fee, payable to the limitation in the surface owner(s).	the Form C-1, Form CB-1, Form T-1, or Form C-1 or Form CB-1, the plat(s) required by this cause I have not provided this information, the the additional cost of the KCC performing this
If choosing the second option, submit form and the associated Form C-1, Fo	t payment of the \$30.00 handling fee with this form. It orm CB-1, Form T-1, or Form CP-1 will be returned.	f the fee is not received with this form, the KSONA-1
I hereby certify that the statements m	ade herein are true and correct to the best of my know	rledge and belief.
Date: 6/15/2013 Signature of	of Operator or Agent:	Title: Regional Land Manager
API # :15129004500000	KDOR #202094	RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

### **Surface Owners**

API#:	15129004500000	_ Lease Name: _	LTJ	OHNSON	Well #: 1
	er Name: BANE, GARY 8	RANDY, TR SHAR	ES		
	Address: HC02 BOX 36				
	City: ROLLA	State:	KS	<b>Zip:</b> 67954-9401	
Own	er Name: BANE, RANDY	& SANDRA			
	Address: HCO2 BOX 36				
	City: ROLLA	State:	KS	<b>Zip:</b> 67954-9401	
	er Name: Address:				
	City:	State:		Zip:	
Owne	er Name:				
•	\ddress:				
	City:	State:		Zip:	
	or Name: Address:				
	City:	State:		Zip:	

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013