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KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1
Merch 2010
Form must be Signed
Form 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 Hotification Act,
MUST be submitted with this form

Check Applicable Boxes: MUST be subr	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.: 221120
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	Lease Name: MITCHELL
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T0358 - R037W; SEC 018 E2 NW4 (NWNW) (SWNW) T0358 -
Entire Project: Yes No	R038W: SEC 013 NE4, N2 SE4, N2 SW4 (SESE) (SWSE) (SESW) (SWSW)
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.: (API No. If Drill Pit, WO or Heal)	feet from N / S Line of Section
	feet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover
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 COMMISSION
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 ILIN 1 8 2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	JUN 1 - 2013
	Signature: <u>Andrew D. Cole</u> 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	Dale: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	
THE STATE OF THE STREET	Signature: <u>Douglas C. Schultre</u>
Acknowledgment of Transfer: The above request for transfer of injection	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	
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.:
Poto.	
Date:	Date:
7/21/12	0/10
Mail to: Past OperatorNew Operator	

Note Theo

9

Must Be Filed For All Wells

Lease Name: MITCHELL			• Location, 1	* Location: 13 35 38WSW				
			Location: 10 00 0011311					
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			
1-3	15189220150000 🗸	1250F8L	1250F#L	GAS	ACTIVE			
		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					
		FSL/FNL	FEL/FWL					
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****		FSL/FNL	FEL/FWL					
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		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL .	KANS	RECEIVED SAS CORPORATION COMMISSION			
		FSL/FNL	FEL/FWL .		JUN 1 8 2013			
		FSL/FNL	FEL/FWL _		CONSERVATION DIVISION WICHITA, KB			

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

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		ation.
Name: EXXONMOBIL			adon: <mark>SW</mark> Sec. <u>13</u> Twp. <u>35</u> S. R. 38Eas(X) West
Address 1: P.O. BOX	4358		Stevens Sec. 10 1Wp.30 S. R. 38 Eas(X Mest
Address 2:		Lease No	ame: MITCHELL Well #: 13
	State: <u>TX</u> Zip: <u>7721</u>		Form T-1 for multiple wells on a lease, enter the legal description o
Contact Person: ADAM S	The state of the s		POGIOW:
	Fax: (713 431-1		R037W: SEC 018 E2 NW4 (NWNW) (SWNW) T035S - SEC 013 NE4, N2 SE4, N2 SW4 (SESE) (SWSE)
Email Address: <u>adam.</u>	e.scott@exxonmobil.com	(SESW)	(SWSW)
Surface Owner Informat	lon:		
Name: See Attac	hed	When filin	or a From T 1 involving multiple
Address 1:		sheet listi	ng a Form T.1 involving multiple surface owners, attach an additional ing all of the information to the left for each surface owner. Surface
		OFFICE WIN	ormation can be found in the records of the register of deeds for the nd in the real estate property tax records of the county treasurer.
City:	State: Zip:	_+	
Select one of the followin	g;	ay be entered on the Form C	r Borenoie Intent), you must supply the surface owners and pelines, and electrical lines. The locations shown on the plat -1 plat, or a separate plat may be submitted.
CP-1 that I am fi	wid adole mincle file strikes an	ni is of will be located: 1) a c I: 2) if the form being flied is:	II 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this ress.
The second	waa ca sana ans inchinglici s	ENS SUNNOPORTS) IN M	hat, because I have not provided this information, the itigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form.
f choosing the second or form and the associated	option, submit payment of the \$ Form C-1, Form CB-1, Form T-	30.00 handling fee with this I 1, or Form CP-1 will be retur	form. If the fee is not received with this form, the KSONA-1 ned.
hereby certify that the s	tatements made herein are truc	and correct to the best of m	ry knowledge and belief.
Date: 6/15/2013	Signature of Operator or Agent:	M. Michael McNulty	Title: Regional Land Manager
API # :151892201500	100	(DOR #221120	RECEIVED KANSAS CORPORATION COMMISSIO

JUN 1 8 2013

Surface Owners

AP#:	15189220150	000	Lease Name: _	MITCHEL	L <u>L</u>		I	Veil #: <u>13</u>	
	Address: PO B	OX 22246	A RAE REV TR						
	City: OKL/	AHOMA CITY	State:	OK Z	îp:	73123-4346			
	er Name: Address:								
	City:		State:	2	Zip:				
	er Name: Address:								
	City:		State:	Zi	ip:				
	r Name: ddress:								
	City:		State:	Zij	p:				
	Name: ddress:								
	City:		State:	Zip	p:				

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS