070113_Morgan_SE.edf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-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 Notification Act,

Check Applicable Boxes:	TRO WAN INS TORM.			
Oil Lease: No. of Oil Wells ** X Gas Lease: No. of Gas Wells ** Gas Gathering System: ** Saltwater Disposal Well - Permit No.:	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 202800 Lease Name: MORGAN			
Spot Location: feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No				
Number of Injection Wells ** Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** Side Two Must Be Completed.	County: Morton Production Zone(s): CHASE Injection Zone(s):			
Surface Pit Permit No.:	leet from N / S Line of Section Section Line of Section Section Line of Se			
Past Operator's License No. 5208 Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358 Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Contact Person:LAURIE KILBRIDE Phone:713-431-1182 Date:05/31/2013 Signature:Andrew D. Cole RECEIVED KANSAS CORPORATION COMMISSION			
New Operator's License No. 32864 V New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102	Contact Person: BRENDA WALLER JUN 1 8 2013 Phone: 405-319-3259 CONSERVATION DIVISION WICHITA, KS Date: 05/31/2013			
Title: _SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze			
Acknowledgment of Transfer: The above request for transfer of injection a 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 the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit			
Date: Authorized Signature DISTRICT EPR 8/20//6 F	PRODUCTION 8.21.13 UIC 8-21-13			
Mail to: Past Operator New Operato				

Side Time

Must Be Filed For All Wells

* Lease Name:	MORGAN - Location: 6 33 39W. 5 E					
Well No.	API No. (YR DRLD/PRE 167)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)	
1	15129002060000	1320FSL	1320FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		<u></u> .	
		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			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL		<u> </u>	RECEIVED (ANSAS CORPORATION COMMISSIO	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION 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

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 filed: C-1 a	ntent) CB-1 (Car	hodic Protection Boxehole Intent) XJ-1	(Transfer) CP-1 (Plugging Application)		
ANE DATAB. 1 (2018) # 5208		Missil Lucations			
EVYONEOUS OIL CORPORATION		Well Location: SEson 6 To	γρ. <mark>33 S. R. 39 Eas(X)</mark> West		
D. DOY 1000	en av ten e	County: Morton	p. 5. R. 05 East west		
		-	Well #: 1		
Address 2:	A358				
ADAM SCOTT		If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:			
Phone: (713 431-1259 Fax: (713 431-14		T033S - R039W: SEC 006 E2 SEC	007 NW4 SEC 008 NW4		
Email Address: adam.e.scott@exxonmobil.com					
Surface Owner Information: Name: See Attached	e de la companya de		itiple surface owners, attach an additional		
Address 1:			the left for each surface owner. Surface in the records of the register of deeds for the		
Address 2:	to the same and the same and the		ty tax records of the county freasurer.		
City: State: Zip:	_+				
are preliminary non-binding estimates. The locations m Select one of the following:	ay be entered on t	те гогт С-3 рак, готт Св-1 рак,	ога ѕерагасе ріастаў ре зартясео.		
I certify that, pursuant to the Kansas Surface owner(s) of the land upon which the subject width CP-1 that I am filing in connection with this form form; and 3) my operator name, address, phone I have not provided this information to the surface KCC will be required to send this information to task, I acknowledge that I am being charged a	ell is or will be loca n; 2) if the form bei e number, fax, and ce owner(s). I ack o the surface owne	ated: 1) a copy of the Form C-1, I ng filed is a Form C-1 or Form CE email address. nowledge that, because I have no er(s). To mitigate the additional co	Form CB-1, Form T-1, or Form B-1, the plat(s) required by this t provided this information, the post of the KCC performing this		
If choosing the second option, submit payment of the s form and the associated Form C-1, Form CB-1, Form T			eceived with this form, the KSONA-1		
I hereby certify that the statements made herein are tru	e and correct to th	e best of my knowledge and belie	1		
Date: 6/15/2013 Signature of Operator or Agen	:M. Michael ?	McNully Title:	Regional Land Manager		
API # :15129002060000	KDOR #202800		RECEIVED KANSAS CORPORATION COMMISSION		

JUN 1 8 2013

Surface Owners

API#: 15129002060000	Lease Name:	MORGAN	Well #: _1	_
Owner Name: MORGAI	N, TED R, REV TR, ETAL			
Address: PO BOX	774			
City: LAKIN	State:	KS Zip : 67860		
Owner Name:				
Address:				
City:	State:	Zip:		
Owner Name:				
Address:				
City:	State:	Zip:		
Owner Name: Address:				
City:	State:	Zip:		
Owner Name: Address:				
City:	State:	Zip:		

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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS