KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Mueller.pdf 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 Compliance with the Kansas Surface Owner Notification Act,

Check Applicable Boxes: MUST be subm	litted with this form.				
Check Applicable Boxes: Oil Lease: No. of Oil Wells** Gas Lease: No. of Gas Wells** Gas Gathering System: Saitwater Disposal Well - Permit No.: Spot Location:feet from N / S Line feet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 220530 Lease Name: MUELLER				
Number of Injection Wells** Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** Side Two Must Be Completed.	County: Stevens Production Zone(s): CHASE Injection Zone(s):				
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	leet from N / S Line of Sectionleet from E / W Line of Section Haul-Off Workover C Drilling				
Past Operator's License No	Contact Person: LAURIE KILBRIDE KANSAS CORPORATION COMMISSION Phone: 713-431-1182 Date: 05/31/2013 Conservation division Wichita, KS				
New Operator's License No	Contact Person:BRENDA WALLER Phone:405-319-3259 Oil / Gas Purchaser:ONEOK FIELD SERVICES Date:05/31/2013 Signature:Douglas C. Schultze				
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the	n 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 permitted by No.:				
District EPR New Operator	PRODUCTION 8.7.43 UIC 8-7-13 Later District				

Side Two

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	•/	Must be	ried for An Wells		
KDOR Lease	No.: 220530				
* Lease Name	MUELLER		Location: 10	5 33 36W ろい ユ	
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	s Section Line from South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
16 INF	15189219550000	1250FSL	1250FFL	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		
	<u> </u>	FSUFNL	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	L/ANS	RECEIVED AS CORPORATION COMMISSION
		FSL/FNL	FEL/FWL	KANS	
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION
*******************************		FSL/FNL	FEL/FWL		WICHITA, KS
	· · · · · · · · · · · · · · · · · · ·	FSL/FNL	FEL/FWL		
		FSL/FNL	FEU/FWL		
		CSI /ENI	EEI /EWI		

A separate sheet may be attached if necessary

_ ____FSL/FNL ___

_FSL/FNL _____FEL/FWL .

__ FEL/FWL _

^{*} 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:			
Name: EXXONMOBIL OIL CORPORAT	ION	5 W Sec. 15 Twp.33 S. R. 36 Eas X West		
Address 1: P. O. BOX 4358	County: Steven	15		
Address 2:	Lease Name: N	AUELLER Well #: 1-5 INF		
City: HOUSTON State: TX	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	<i>r</i>		
Phone: (713 /31-1859 Fax	; (<u>713 431-1475</u>	V: SEC 016 N2, S2		
Email Address: <u>adam.e.scott@exxonm</u>	bil.com			
Surface Owner Information:				
Jame: See Attached	See Attached When filing a Form T-1 involving multiple surface owners, attach an a			
ddress 1:		of the information to the left for each surface owner. Surface on can be found in the records of the register of deeds for the		
ddress 2:	والمراجع والمسترون والمستر	ne real estate property tax records of the county treasurer.		
City: State:	Zip:+			
Select one of the following:	•			
owner(s) of the land upon whic CP-1 that I am filing in connecti	ansas Surface Owner Notice Act (House Bill 203 h the subject well is or will be located: 1) a copy on on with this form; 2) if the form being filed is a For address, phone number, fax, and email address.	of the Form C-1, Form CB-1, Form T-1, or Form m C-1 or Form CB-1, the plat(s) required by this		
KCC will be required to send th	tion to the surface owner(s). I acknowledge that, t is information to the surface owner(s). To mitigat eing charged a \$30.00 handling fee, payable to the	e the additional cost of the KCC performing this		
	payment of the \$30.00 handling fee with this form. In CB-1, Form T-1, or Form CP-1 will be returned.	. If the fee is not received with this form, the KSONA-1		
hereby certify that the statements mad	le herein are true and correct to the best of my kn	owledge and belief.		
Date: 6/15/2013 Signature of	Operator or Agent: M. Michael McNully	Title: Regional Land Manager		

JUN 1 8 2013

Surface Owners

MUELLER

API#:	151892195500	DOO Lease	Name: _	MUELL	.ER		Well #: _	1–5 INF
Own	er Name: BRO	WN, DAN & DEAN						
	Address: 7495	ROAD 7						
	City: LIBE	RAL	State:	KS	Zip:	67901-4902		
Owi	ner Name:							
	Address:							
	City:		State:		Zip:			
Owi	ner Name: Address:							
	City:		State:		Zip:			
	er Name:							
	Address:							
	City:		State:		Zip:			
	er Name: Address:							
	City:		State:		Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS