070113_0_Conner.edf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 1-1 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,

MUST be submitted with this form

Check Applicable Boxes:	itted with this form.
Oil Lease: No. of Oil Wells ** X Gas Lease: No. of Gas Wells ** Gas Gathering System:	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 220030 Lease Name: O CONNER
Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line teet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No Number of Injection Wells ** Side Two Must Be Completed.	
Surface Pit Permit No.:	Injection Zone(s):
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 RECEIVED KANSAS CORPORATION COMMISSION
New Operator's License No. 32864 XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102	Contact Person: BRENDA WALLER CONSERVATION DIVISION WICHITA, KS Oil / Gas Purchaser: ONEOK FIELD SERVICES Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>
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 a	Commission. This acknowledgment of transfer pertains to Kansas Corporation
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
44.44	PRODUCTION 8.21.13 UIC 8-21-13
Mail to: Past Operator New Operato	W District

Side Two

Must Be Filed For All Wells

Lease Name:	O CONNER	* Location: 26 34 40WSW				
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)	
		1250FSL	1350FWL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		· ·	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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	190	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWI			
**************************************				STREET, A. S. C. S		
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL		RECEIVED	
		FSL/FNL	FEL/FWL		KANSAS CORPORATION COMMISS	
		FSL/FNL	FEL/FWL	7	JUN 1 8 2013	
The second the second		FSL/FNL	FEL/FWL	Alata wasanga ayan ayan ayan ayan ayan ayan ayan	- CONSERVATION DIVISION WICHITA, KS	
		FSL/FNL	FEL/FWL		₩ ION IO	

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				
Name: EXXONMOBIL OIL CORPOR		SW Sec. 26 Twp.34 S. R. 40 Eas X West		
Address 1: P. O. BOX 4358				
Address 2:	•	O CONNER Well #: 13 INF		
City: HOUSTON State: _T		T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT	the lease below	W:		
Phone: (713 431 /854 F	ax: (713 431-1475 1034S - R040	W: SEC 023 SE4, NE4 SEC 026 NE4, SW4		
Email Address: adam.e.scott@exxon	mobil.com			
Surface Owner Information:				
Name: See Attached		orm T-1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing all	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		
Address 2:	county, and in t	the real estate property tax records of the county treasurer.		
City: State:	Zip:+			
are preliminary non-binding estimates Select one of the following:	. The locations may be entered on the Form C-1 pla	at, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon wh CP-1 that I am filing in connec	Kansas Surface Owner Notice Act (House Bill 20: ch the subject well is or will be located: 1) a copy tion with this form: 2) if the form being filed is a For e, address, phone number, fax, and email address.	of the Form C-1, Form CB-1, Form T-1, or Form rm C-1 or Form CB-1, the plat(s) required by this		
KCC will be required to send	ation to the surface owner(s). I acknowledge that, I this information to the surface owner(s). To mitigat being charged a \$30.00 handling fee, payable to th	te the additional cost of the KCC performing this		
f choosing the second option, submit form and the associated Form C-1, Fo	payment of the \$30.00 handling fee with this form. rm 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 ma	de herein are true and correct to the best of my kn	owledge and belief.		
Date: 6/15/2013 Signature o	t Operator or Agent:	Title: Regional Land Manager		
API # :15129213520001	KDOR #220030	RECEIVED KANSAS CORPORATION COMMISS		

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

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

Surface Owners

AP#: 15129213520001	Lease Name: _	O CONNER		Well #:1_3 INF
Owner Name: LINK, WILL Address: PO BOX 97	ARD S, FAM TR UAD 8	LINK, GENE\	/IEVE	
City: ROLLA	State:	KS Zip:	67954	
Owner Name: Address:				
City:	State:	Zip	:	
Owner Name: Address:				
City:	State:	Zip:		
Owner Name: Address:				
City:	State:	Zip:		
Owner Name: Address:				
City:	State:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS