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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 Compliance with the Kansas Surface Owner Notification Act,

Check Applicable Boxes:	ed with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 203045
Gas Gathering System:	Lease Name: ODD FELLOWS BO A
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Line	Legal Description of Lease:
Enhanced Recovery Project Permit No.:	T032S - R034W: SEC 003 All
Entire Project: Yes No	
Number of Injection Wells**	County: Seward
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): CHASE
** Side Two Must Be Completed.	Injection Zone(s):
	feet from N / S Line of Section
Surface Pit Permit No.:(API No. II Drill Pit, WO or Haul)	leet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover CR Drilling
	Contact Person: LAURIE KILBRIDE
Past Operator's License No	Phone: 713-431-1182
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	KCC WICHITA
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date:
Title:RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole JUN 18 2013
	RECEIVED
New Operator's License No	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	Date: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	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	Commission. This acknowledgment of transfer pertains to Kansas Corporation
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 8/2//3	PRODUCTION 8.5.13 UIC 8-5-13
Mail to: Past Operator New Opera	storDistrict

Must Be Filed For All Wells

KDOR Leas	000 5511 0140 00 4			00 0 00015			
* Lease Name	: ODD FELLOWS BO A	ODD FELLOWS BO A Location: 3 32 34WNE					
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned		
3	15175002850000 -00 -01 \	2970 386FSL	23/0 a30FWL	GAS	ACTIVE		
		FSL/FNL	FEL/FWL				
		COL (CLI)	FEUFWL				
		FSL/FNL			<u> </u>		
		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				
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
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	-	FSL/FNL	FEL/FWL		- WICHIIA		
	1860-1860-1860-1860-1860-1860-1860-1860-	FSUFNL	FEL/FWL		JUN 1 8 2013		
		FSL/FNL	FEL/FWL		RECEIVED		

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. It a lease covers more than one section please indicate which section each well is located.

Kansas Corporation Commission Oil & Gas Conservation Division

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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 CORPORATION	NE Sec. 3 Twp.32 S. R. 34 Eas X West		
Address 1: P. O. BOX 4358	County: Seward		
Address 2:	Lease Name: ODD FELLOWS BO A Well #: 3		
Cary: HOUSTON State: TX Zip: 77210 + 4358 Contact Person: ADAM SCOTT	If filing a Form 1-1 for multiple wells on a lease, enter the legal description of the lease below: T032S - R034W: SEC 003 All		
Phone: { 713 431-1859 Fax: { 713 431-1475			
Email Address: adam.e.scott@exxonmobil.com			
Surface Owner Information:			
Name: See Attached	When filing a Form 1-1 involving multiple surface owners, attach an additional		
Address 1:	 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 the real estate property tax records of the county treasurer.		
City: State: Zip:+			
Select one of the following:	the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.		
X I certify that, pursuant to the Kansas Surface Owner Notice Acowner(s) of the land upon which the subject well is or will be lo CP-1 that I am filing in connection with this form; 2) if the form b form; and 3) my operator name, address, phone number, fax, an	cated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form leing filed is a Form C-1 or Form CB-1, the plat(s) required by this		
	cknowledge that, because I have not provided this information, the ner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-1	fee with this form. If the fee is not received with this form, the KSONA-1 I will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
Date: 6/15/2013 Signature of Operator or Agent: M. Michael	McNulty Regional Land Manager		
API # :15175002850000 KDOR #203045	KCC MICHITA		

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

KCC WICHITA

JUN 18 2013

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Surface Owners

4Fi#. 151/5002650000	Lease Name: _	ODD FELLO	WS BUA	Well #: <u>_3</u>	
Owner Name: ENDOWMEN	T TR FND ENDEP OF	RD OF ODD FI	ELL STATE KS		
Address: PO BOX 395					
City: JOHN	State:	KS Z ip:	67576		
Owner Name: Address:					
City:	State:	Zip	ı:		
Owner Name: Address:					
City:	State:	Zip:			
Owner Name: Address:					
City:	State:	Zip:			
Owner Name: Address:					
City:	State:	Zip:	i		

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