## 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.

Check Applicable Boxes:	tieo with this form. 1			
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.: 208486			
Gas Gathering System:	Lease Name: _ROWE			
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.:	T026S - R037W: SEC 035 All			
Entire Project: Yes No				
Number of Injection Wells***	County: Kearny			
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE			
** Side Two Must Be Completed.	Injection Zone(s):			
Surface Pit Permit No.:(API No. If Drill Pit, WO or Haul)	leet from N / S Line of Section			
Type of Pit: Emergency Burn Settling	Haul-Off Workover \( \bigcap \) Drilling			
Past Operator's License No	Contact Person: LAURIE KILBRIDE KANSAS CORPORATION COMMISSION			
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182			
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013			
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	CONSERVATION DIVISION Signature: Andrew D. Cole WICHITA. KS			
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 a noted, approved and duly 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			
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:			
1	PRODUCTION 8.14.13 UIC 8-13-13 UIC 8-13-13 UIC 8-13-13			

#### Side Two

1

#### Must Be Filed For All Wells

	DOWE			F 00 0718/018/	
Lease Name:	ROWE		* Location: 38	5 26 37WSW	The second secon
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet fo		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)
2	15093200400000 /	1250FSL	₩ 1250FÉL	GAS	ACTIVE
	_				_
		FSL/FNL	FEL/FWL	***************************************	
	***************************************	FSL/FNL	FEL/FWL		<del>-</del>
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEUFWL		<del>.</del>
		FSL/FNL	FEL/FWL		
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		FSL/FNL	FEL/FWL		<del>.</del>
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		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED KANSAS CORPORATION COMMIS
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		JUN 1 8 2013  CONSERVATION DIVISION
		EQI /ENI	EEL/EWI		WICHITA, KS

A separate sheet may be attached if necessary

<sup>\*</sup> 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:	25 00 00 5
Name: EXXONMOBIL OIL CORPORATION		c. 35 Twp.26 S. R. 37 Eas X West
Address 1:P. O. BOX 4358	•	
Address 2:		Well #: 2
City: HOUSTON State: TX Zip	p:	ltiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	Management of the Community of the Commu	35 All
Phone: ( 713 431-)859 Fax: ( 7		
Email Address: <u>adam.e.scott@exxonmobil.co</u>	om	
Surface Owner Information:		
Name: See Attached	When filing a Form 1.1 in	volving multiple surface owners, attach an additional
Address 1:	sheet listing all of the into	ormation to the left for each surface owner. Surface about the records of the register of deeds for the
Address 2:	and the second in the second and	tate property tax records of the county treasurer.
City: State: Zij	p:+	
Select one of the following:	ocations may be entered on the Form C-1 plat, Form (	ob i pai, a a separate par may se sasminea.
owner(s) of the land upon which the CP-1 that I am filing in connection wit	s Surface Owner Notice Act (House Bill 2032), I have subject well is or will be located; 1) a copy of the Forth this form; 2) if the form being filed is a Form C-1 or ess, phone number, fax, and email address.	orm C-1, Form CB-1, Form T-1, or Form
KCC will be required to send this info	o the surface owner(s). I acknowledge that, because ormation to the surface owner(s). To mitigate the ad tharged a \$30.00 handling fee, payable to the KCC, w	ditional cost of the KCC performing this
If choosing the second option, submit payme form and the associated Form C-1, Form CB-	ent of the \$30.00 handling fee with this form. If the fe -1, Form T-1, or Form CP-1 will be returned.	ee is not received with this form, the KSONA-1
hereby certify that the statements made her	rein are true and correct to the best of my knowledge	and belief.
Date: 6/15/2013 Signature of Operat	tor or Agent:	Tille: Regional Land Manager
API # :15093200400000	KDOR #208486	RECEIVED KANSAS CORPORATION COMMISSIO

JUN 1 8 2013

### **Surface Owners**

API#:	15093200400000	Lease Name: _	ROWE		v	Vell #: 2
Own	er Name: MOORE, LEWIS	R & MARGIE D				2 - 44
	Address: 407 S HICKOK					
	City: ULYSSES	State:	KS	<b>Zip:</b> 67880		
	ner Name: Address:					
	City:	State:		Zip:		
	er 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