070113_Shriver.pdf

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 KBONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form. Check Applicable Boxes: Oil Lease: No. of Oil Wells Effective Date of Transfer-Gas Lease: No. of Gas Wells 220761 KS Dept of Revenue Lease No.: Gas Gathering System: Lease Name: SHRIVER Saltwater Disposal Well - Permit No.: ... 30 Two. 31 R. 35W .SW sec _feet from N/ SLine Legal Description of Lease: _ feet from \square \in / \square W Line T0318 - R035W: SEC 030 NE4, E2 NW4, E2 SW4, SE4 (NWNW) Enhanced Recovery Project Permit No.: (SWNW) (NWSW) (SWSW) Entire Project: Yes No **Number of Injection Wells** County: Stevens Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): CHASE ** Side Twa Must Be Completed. Injection Zone(s):_ Surface Pit Permit No.: _ feet from N / S Line of Section (API No. II DINI PIL WO or Haul) E / W Line of Section Type of Pit: **Emergency** Burn Haul-Off Settling Workover Drilling RECEIVED Past Operator's License No. **LAURIE KILBRIDE** Contact Person-KANSAS CORPORATION COMMISSION Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 IIIN 1 8 2013 P. O. BOX 4358, HOUSTON, TX 77210-4368 05/31/2013 Date: CONSERVATION DIVISION **RSO MANAGER/AGENT & ATTORNEY-IN-FACT** WICHITA, KS Signature: ___Andrew D. Cole 32864 \ **BRENDA WALLER** New Operator's License No. .. Contact Person: New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Phone: 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: OKLAHOMA CITY, OK 73102 05/31/2013 Date: Title: SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schuttre Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #_ has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgment of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pit permit. 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.: _ **Authorized Signature Authorized Signature**

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

New Operator

PRODUCTION

District

DISTRICT .

Mail to: Past Operator,

Side Two

Must Be Filed For All Wells

Lease Name	: SHRIVER	* Location: 30 31 35W 5W					
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/Abendoned)		
1-4 INF	15189220000001 🗸	671FSL	2816FEL	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		•		
		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				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		-		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	-			
		FSL/FNL	FEL/FWL		RECEIVED		
		FSL/FNL	FEL/FWL	KANS	AS CORPORATION COMMISSION		
					JUN 1 8 2013		
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS		
		FSL/FNL	FEL/FWL				

A separate sheet may be attached if necessary

[&]quot;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: Licerse # 5208	A				
Name: EXXONMOBIL OIL CORPORATION		Well Location:SWSec.30 Twp.31 S. R.35 EastX West			
Address 1: P. O. BOX 4358		Sec. Who see East West			
Address 2:		VER Well #: 1-4 INF			
City: HOUSTON State: TX Zip: 77210	. 4980	or multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	the lease below:	the lease below:			
Phone: (713 431-1859 Fax: (713 431-147		T0318 - R035W: SEC 030 NE4, E2 NW4, E2 SW4, SE4 (NWNW) (SWNW) (NWSW) (SWSW)			
Email Address: adam.e.scott@exxonmobil.com					
Surface Owner Information:					
Name: See Attached		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:		al estate property tax records of the county treasurer.			
City: State: Zip:	_+				
Select one of the following: I certify that, pursuant to the Kansas Surface C	Owner Notice Act (House Bill 2032), I	have provided the following to the surface			
owner(s) of the land upon which the subject we CP-1 that I am filing in connection with this form form; and 3) my operator name, address, phone	Il is or will be located: 1) a copy of the : 2) if the form being filed is a Form C	e Form C-1. Form CB-1. Form T-1. or Form			
I have not provided this information to the surfac KCC will be required to send this information to task, I acknowledge that I am being charged a \$	the surface owner(s). To mitigate the	additional cost of the KCC performing this			
If choosing the second option, submit payment of the \$: form and the associated Form C-1, Form CB-1, Form T-	30.00 handling fee with this form. If th 1, or Form CP-1 will be returned.	he fee is not received with this form, the KSONA-1			
I hereby certify that the statements made herein are true	e and correct to the best of my knowle	dge and belief.			
Date: 6/15/2013 Signature of Operator or Agent:	M. Michael McNulty	Title: Regional Land Manager			
API # :15189220000001	KDOR #220761	RECEIVED KANSAS CORPORATION COMMISSION			

JUN 1 8 2013

Surface Owners

AP#:	1518922	0000001	Lease Name: _	SHRIVER	<u> </u>		Well #: 1-4 INF
Owr	er Name:	DOWNING, COLE	EMAN E & CAROL	LTRS			
		ATTN: DOWNING 3805 BUTTERFIE					
	City:	HAYS	State:	KS Z	ip:	67601-9795	
	ner Name:						
	Address:						
	City:		State:	ž	Zip:		
	er Name: Address:						
	City:		State:	z	ip:		
Own	er Name:						
4	Address:						
	City:		State:	Z	ip:		
	er Name: Address:						
	City:		State:	Zi	ip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS