KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Tate_Unrein_5.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 submit	itted with this form.
Check Applicable Boxes: Oil Lease: No. of Oil Wells	Effective Date of Transfer:
	leet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover 6 12 Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 RECEIVED
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 KANSAS CORPORATION COMMISSION
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Andrew D. Cole JUN 1 8 2013
New Operator's License No	CONSERVATION DIVISION WICHITA, KS Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	405.310.2250
210 PARK AVENUE, SUITE 2350	riole;
ZIV FARR AVERUE, SUITE 2000	Oil / Gas Purchaser: WGP-KHC LLC
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 anoted, 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:
DISTRICT EPR New Operator	PRODUCTION 8.16.13 UIC 8-16-13 IT District

Side Two

Must Be Filed For All Wells

Lease Name:	: TATE UNREIN Location: 5 26 35₩ N W						
Well No.	API No. (YR DRLD/PRE '67)	Footage from	Foolage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned		
2	15093205020000	2575 2572FNL	/982 1926FWL	GAS	ACTIVE		
		<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				
		FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
No. 00 (10 ft project page 10 ft		FSL/FNL	FEL/FWL				
			FEL/FWL	Nichter i Mitter (Michael March, Irona), Green Mergiphines von de de la constante amendar y come e el constante (Michael March), el constante (Michael March			
POSTONOTO SEPTEMBO ANNO AND	West and School Control of the Contr		FEL/FWL				
		FSL/FNL	FEL/FWL	THE SECTION OF THE PROPERTY OF THE SECTION OF THE S	 In minimal distribution of a manufacture of		
		FSL/FNL	FEL/FWL				
		FSL/FNL		KANSA	RECEIVED S CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL		JUN 1 8 2013		
		FSL/FNL	FEWTYYL ,		CONSERVATION DIVISION		

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	ME-II Consisten	
Name: EXXONMOBIL OIL CORPO	RATION Well Location:	JW Sec. 5 Twp.26 S. R. 35 Eas X West
Address 1: P. O. BOX 4358	County: Kearny	
Address 2:	· · · · · · · · · · · · · · · · · · ·	TE UNREIN Well #: 2
City: HOUSTON State: _	TV (1) 4050	
Contact Person: ADAM SCOTT	the lease below:	1 for moltiple wells on a lease, enter the legal description of
Phone: (713 431-/850	Fax: { 713 431-1475 T026S - R035W:	SEC 005 All
Email Address: adam.e.scott@exxo		
Surface Owner Information:		
Name: See Attached	When filing a Four	m T.1 iovolving multiple surface owners, attach an additional
Address 1:	sheet listing all of	the information to the left for each surface owner. Surface
Address 2:	county, and in the	can be tound in the records of the register of deeds for the real estate property tax records of the county treasurer.
City: State:		
Select one of the following:	s. The locations may be entered on the Form C-1 plat,	The second of th
CP-1 that I am filing in conne	Kansas Surface Owner Notice Act (House Bill 2032) nich the subject well is or will be located: 1) a copy of action with this form; 2) if the form being filed is a Form ne, address, phone number, fax, and email address.	the Form C.1. Form CR.1. Form T.1. or Form
vee will be tedrited to select	nation to the surface owner(s). I acknowledge that, bed this information to the surface owner(s). To mitigate to being charged a \$30.00 handling fee, payable to the k	the additional cost of the KCC performing this
f choosing the second option, subm orm and the associated Form C-1, F	t payment of the \$30.00 handling fee with this form. It form CB-1, Form T-1, or Form CP-1 will be returned.	f the fee is not received with this form, the KSONA-1
hereby certify that the statements m	ade herein are true and correct to the best of my know	rledge and belief.
Date: 6/15/2013 Signature	of Operator or Agent:	
		RECEIVED

JUN 1 8 2013

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

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#: 15093205020000	Lease Name: _	TATE UNREIN	Well #: _2
Owner Name: FLETCHER RAN	CH INC		
Address: PO BOX C			
City: LAKIN	State:	KS Zip: 67860	
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