KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Wilkie_26.Pdt_{Form T-1}
Form must be Typed
Form must be Signed
All blanks must be Filed

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:	NO WALL LIVE NOTH.
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.: 208506
Gas Gathering System:	Lease Name: WILKIE
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 026 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):
5725 / NO MEET 12 501.7.1.1.1.	injection 2010(a).
Surface Pit Permit No.:	feet from N / S Line of Section
(API No. II Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	Haul-Off Workover D Drilling
The state of the s	
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE
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	Signature: Andrew D. Cole
New Operator's License No	Contact Person: BRENDA WALLER RECEIVED
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 KANSAS CORPORATION COMMISSI
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: ONEOK FIELD SERVICES 111N 1 8 2013
	05/31/2013
OKLAHOMA CITY, OK 73102	CONSERVATION DIVISION
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze WICHIIA, RS
Acknowledgment of Transfer: The above request for transfer of injection	authorization, surface pit permit # has been
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	
Commission records only and does not servey any entrempt and	
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:	Date: Authorized Signature
DISTRICT EPR 8/15/13	PRODUCTION 8. 16. 13 UIC 8-16-13
Mail to: Past Operator New Operator	or District

Side Two

W

Must Be Filed For All Wells

* Lease Name: WILKIE		* Location: 26 26 37W 5 つ						
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)			
2	15093200590000	1320FSL	2640FEL	GAS	ACTIVE			
			FEVFWL					
		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					
Navarant Springspring State State		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL					
		FSL/FNL	FEL/FWL	KA	RECEIVED NSAS CORPORATION COMMISSION			
		FSL/FNL	FEL/FWL		JUN 1 8 2013			
The second secon		FSL/FNL	FEL/FWL		CONSERVATION DIVISION			
		FSL/FNL	FEL/FWL		WICHITA, KS			

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		Well Location:					
Name: EXXONMOBIL OIL CORPORATION	N	_	<u>S2</u> Sec. 26	Twp.26 S. R.	3 <mark>7 </mark>		
Address 1: P. O. BOX 4358		County: Kearny					
Address 2:		Lease Name: ¥	VILKIE		Well #: 2		
City: HOUSTON State: TX	Zip: 77210 ++ 4358	. If filing a Form		alls on a lease, en	ter the legal description of		
Contact Person: ADAM SCOTT Phone; (713 431- 1659 Fax:		the lease below T026S - R037V		11			
Phone: (713 431- 1650 Fax:	(713 431-1475	-					
Email Address: adam.e.scott@exxonmol	oil.com	_					
Surface Owner Information:							
Name: See Attached		choot liction all	of the information	o to the left for eac	wners, attach an additional ch surface owner. Surface		
Address 1:		 owner intormati 	on can be tound i	n the records of th	ne register of deeds for the of the county treasurer.		
Address 2:			ne rear estate proj	berty tun 1000 do c	,		
City: State:	_ Zip:+	-					
If this form is being submitted with a For the KCC with a plat showing the predicte are preliminary non-binding estimates. 1 Select one of the following:	he locations may be entere	d on the Form C-1 pl	at, Form CB-1 pl	iat, or a separate	грастау ве завтясев.		
I certify that, pursuant to the Ka owner(s) of the land upon which CP-1 that I am filing in connections; and 3) my operator name,	n the subject well is or will b on with this form; 2) if the for address, phone number, far	e located; 1) a copy m being filed is a Fo c, and email address	rm C-1 or Form	CB-1, the plat(s	required by this		
I have not provided this informat KCC will be required to send th task, I acknowledge that I am be	is information to the surface	owner(s). IO mitiga	te the additiona	ILCOST OF THE MC	c betraining and		
If choosing the second option, submit p form and the associated Form C-1, For	ayment of the \$30.00 hand n CB-1, Form T-1, or Form (ling fee with this forn CP-1 will be returned	n. If the fee is n I.	ot received with	this form, the KSONA-1		
				aliaf			
I hereby certify that the statements mad	e herein are true and correc	t to the best of my k	nowledge and b	ellei.			
I hereby certify that the statements mad Date: 6/15/2013 Signature of	m m	ct to the best of my kichael McNulty			and Manager		

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

Surface Owners

API#:	15093200590000	Lease Name: _	WILK	<u>IE</u>		 Well #: _2	
Own	er Name: LEWIS, ELLA RO	WE					
	Address: 600 S CLINE						
	City: GRANADA	State:	со	Zip:	81041		
	ner Name: RO BOIS ETAL Address: 5 BLUE MILL ROA	ΔD					
	City: KEARNEY	State:	NE	Zip:	68847		
	er Name: SHAPLAND, LEO Address: 10436 N ROAD L						
	City: ULYSSES	State:	KS	Zip:	67880		
	er Name: Address:						
	City:	State:		Zip:			
	er Name: Address:						
	City:	State:		Zip:			

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS