## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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 Hotification Act, Check Applicable Boxes: MUST be submitted with this form. Oil Lease: No. of Oil Wells 7/1/2013 Effective Date of Transfer-Gas Lease: No. of Gas Wells \_ KS Dept of Revenue Lease No.: \_ 200263 Gas Gathering System:\_ Lease Name: BEACH Saltwater Disposal Well - Permit No.: \_\_\_ \_ <u>λ/ F Sec.</u> 29 Twp. 25 R. 31W \_\_feet from 🏻 N / 🗍 S Line Legal Description of Lease: \_\_feet from TE / TW Line T025S - R031W: SEC 029 All Enhanced Recovery Project Permit No.:\_\_\_ Entire Project: Yes No Number of Injection Wells County: Finney Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE Production Zone(s): CHASE \*\* Side Two Must Be Completed. Injection Zone(s): Surface Pit Permit No.: \_ \_ leet from N / S Line of Section (API No. If Drill Pit, WO or Haul) feet from E / W Line of Section Type of Pit: Emergency Bum Settling Haul-Off Workover ( Drilling Past Operator's License No. 5208 Contact Person: LAURIE KILBRIDE RECEIVED KANSAS CORPORATION COMMISSION Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: \_713-431-1182 P. O. BOX 4358, HOUSTON, TX 77210-4358 05/31/2013 Date: JUN 1 8 2013 Title. RSO MANAGER/AGENT & ATTORNEY-IN-FACT Signature: \_\_Andrew D. Cole CONSERVATION DIVISION WICHITA, KS New Operator's License No. 32864 **BRENDA WALLER** Contact Person: . New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 210 PARK AVENUE, SUITE 2350 Oil / Gas Purchaser: \_REGENCY MIDCON GAS SERVICES OKLAHOMA CITY, OK 73102 05/31/2013 Title: \_ SR. OPERATIONS VICE PRESIDENT Signature: Douglas C. Schultze Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_\_\_\_ 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 \_\_\_\_\_ . Recommended action: \_ permitted by No.: Date: **Authorized Signature** DISTRICT.

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

**New Operator** 

Mail to: Past Operator

#### Must Be Filed For All Wells

* Lease Name:	e: BEACH * Location: 29 25 31W(N) €								
Well No.	API No. (YR DRLD/PRE '67)	Footage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Ol/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned				
4	15055102090000	2790FSL	2390FEL	GAS	ACTIVE				
		FSL/FNL	FEUFWL						
		FSL/FNL	FEL/FWL						
	-	FSL/FNL	FEL/FWL						
		FSL/FNL	FEL/FWL						
	7	FSL/FNL	FEL/FWI						
		FSL/FNL	FEL/FWL						
		FSL/FNL	FEL/FWL						
		FSL/FNL	——— FEL/FWL						
			— FEUFWL						
			FEL/FWL		-				
			FEL/FWL						
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		FSL/FNL	FEL/FWL		•				
		FSL/FNL	FEL/FWL	Santaniana masayaa ka a a a a a a a a a a a a a a a a					
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		FSL/FNL	FEL/FWL						
		FSL/FNL	FEL/FWL		RECEIVED				
		FSL/FNL	FEL/FWL .	KANS	SAS CORPORATION COMMISSION				
		- FSL/FNL	FEL/FWL .		JUN 1 8 2013				
		FSL/FNL	FEL/FWL _		CONSERVATION DIVISIONWICHITA, 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 hdy 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				
Name: EXXONMOBIL OIL CORPORATION	. Well Location:			
Address 1: P. O. BOX 4358				
Address 2:	County: Finney			
Слу: <b>HOUSTON</b> State: <u>TX</u> Zip: <u>77210 +</u> 4358	Lease Name: BEACH Well #: 4  If filing a Form 7-1 for multiple wells on a lease, enter the legal description of the lease below:			
Contact Person: ADAM SCOTT				
Phone: ( 713 431-1859 Fax: ( 713 431-1475	T025S - R031W: SEC 029 All			
Email Address: adam.e.scott@exxonmobil.com				
Surface Owner Information:				
Name: See Attached	When filing a Form T.1 involving multiple surface owners, attach an additional			
Address 1:	sheet listing all of the information to the left for each surface owner. Surface			
Address 2:				
City: State: Zip:+				
are preliminary non-binding estimates. The locations may be entered	nodic Protection Borehole Intent), you must supply the surface owners and ink batteries, pipelines, and electrical lines. The locations shown on the plat on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.			
are preliminary non-binding estimates. The locations may be entered Select one of the following:  X   certify that, pursuant to the Kansas Surface Owner Notice	on the Form C-1 plat, Form CB-1 plat, or a separate plat may be submitted.  Act (House 8#1 2022) I have available to the form CB-1 plat.			
are preliminary non-binding estimates. The locations may be entered  Select one of the following:  X   certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form CB-1, Form T-1, or Form			
Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax.	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form 1 being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.			
Example Preliminary non-binding estimates. The locations may be entered select one of the following:    Certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax,    I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling choosing the second option, submit payment of the \$30.00 handling.	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1 prom CB-1, Form CB-1, Form CB-1, Form T-1, or Form n being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this agree, payable to the KCC, which is enclosed with this form.			
Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax.  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling orm and the associated Form C-1, Form CB-1, Form T-1, or Form CF orm and the associated Form C-1, Form CB-1, Form T-1, or Form CF	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form 1 being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ag fee, payable to the KCC, which is enclosed with this form.			
Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notice owner(s) of the land upon which the subject well is or will be CP-1 that I am filling in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax.  I have not provided this information to the surface owner(s). I KCC will be required to send this information to the surface of task, I acknowledge that I am being charged a \$30.00 handling or and the associated Form C-1, Form CB-1, Form T-1, or Form CF thereby certify that the statements made herein are true and correct thereby certify that the statements made herein are true and correct thereby certify that the statements made herein are true and correct the selections.	Act (House Bill 2032), I have provided the following to the surface located: 1) a copy of the Form C-1, Form CB-1, Form CB-1, Form T-1, or Form 1 being filed is a Form C-1 or Form CB-1, the plat(s) required by this and email address.  acknowledge that, because I have not provided this information, the owner(s). To mitigate the additional cost of the KCC performing this ag fee, payable to the KCC, which is enclosed with this form.			
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

JUN 1 8 2013

### **Surface Owners**

API#:	15055102090000	Lease Name:	BEACH		Well #: _4
	er Name: BEACH, PHYLLIS Address: 6335 S PIERCEVI City: PIERCEVILLE		KS <b>Zip</b> :	67868-9500	
	er Name: Address: City:	State:	Zip:		
	r Name: ddress: City:	State:	Zip:		
	Name: Idress: City:	State:	Zip:		
	Name:  dress:   City:	State:	Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS