### 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 KSONA-1, Certification of Compliance with the Kansas Surface Owner Notification Act, MUST be submitted with this form.

Check Applicable Boxes:	7/1/2013		
Oil Lease: No. of Oil Wells**	Effective Date of Transfer:		
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 220711		
Gas Gathering System:	Lease Name: BROWN		
Saltwater Disposal Well - Permit No.:			
Spot Location: feet from N / S Line	Legal Description of Lease:		
feet from E / W Line	T024S - R034W: SEC 035 All		
Enhanced Recovery Project Permit No.:	10240 - 1004411 020 0007111		
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.:	feet from N / S Line of Section		
(API No. il Drill Pit, WO or Haul)	feet from E / W Line of Section		
Type of Pit: Emergency Burn Settling	Haul-Off Workover (7) Drilling		
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Past Operator's License No	Contact Person: LAURIE KILBRIDE		
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 RECEIVED  KANSAS CORPORATION COMMISSION		
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013		
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: Audrew D. Cole JUN 1 8 2013		
	CONSERVATION DIVISION		
	WICHITA, KS CONTOCT POTENTS  BRENDA WALLER		
New Operator's License No. <u>32864</u> √	Contact reison.		
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	Dale: 05/31/2013		
Title: SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze		
	authorization, surface pit permit #has been Commission. This acknowledgment of transfer pertains to Kansas Corporation 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 pi		
Permit No.: Recommended action:	permitted by No.:		
Data	Date:		
Date:	Authorized Signature		
DISTRICT EPR _ 8/29/13	PRODUCTION 8.30.13 UIC 8-30-13		
Mail to: Past Operator New Opera	torDistrict		

#### Side Two

#### Must Be Filed For All Wells

Lease Name: BROWN			* Location: 35 24 34W: IV W				
Well No. API No. (YR DRLD/PRE '67)		Footage from (i.e. FSL = Feet fi	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)		
79 INF	15055214370001	1250FNL	2650FWL	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				
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEUFWL				
		FSL/FNL	FEL/FWL				
Barin attention of the delication who assessed all delication	No. No. of Conference and Marie Street Conference (Conference Conference Conf	FSL/FNL			colonia en 1664 establiquiaren eta 1770 eta biralista de establista de e		
		FSL/FNI					
W. C	A read and analysis of the state of the stat	FSL/FNI			nguntan ng 💮 🎉 kala a sa sa sananggarang a sa sa sananggaran a sa sananggaran sa sa sanan ng		
		FSL/FNI					
		FSL/FNI			RECEIVED		
		FSL/FNI			AS CORPORATION COMMISSION		
		FSL/FN			JUN 1 8 2013  CONSERVATION DIVISION		
		FSL/FN	LFEL/FWL		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 hay 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.

Select the corresponding form being filed	: C-1 (Intent) CB-1 (Cathodic Protection Borefide )	ntent) XT-1 (Transfer) CP-1 (Plugging Application)
5208	Well Location:	
OPERATOR: License # 5208  Name: EXXONMOBIL OIL CORPORATION	***	Sec. 35 Twp.24 S. R. 34 Eas X West
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358		
Address 2:		VN Well #: 79 INF
City: HOUSTON State: TX /		r moltiple wells on a lease, enter the legal description of
Contact Person: ADAM SCOTT	the fense below:	
740 404 1056		C 035 All
Phone: ( 713 #31-12594 Fax: ( _ Email Address: _ adam.e.scott@exxonmobil.		
Surface Owner Information: Name: See Attached	When liking a Form 1	1.1 involving multiple surface owners, attach an additional e information to the left for each surface owner. Surface
Address 1:	owner information ca	in be tound in the records of the register of deeds for the
Address 2:	county, and in the re-	al estate property tax records of the county treasurer.
City: State:	7ip:+	
are preliminary non-binding estimates. The Select one of the following:	locations may be entered on the Form C-1 plat, Fo	nd electrical lines. The locations shown on the plat orm CB-1 plat, or a separate plat may be submitted.
owner(s) of the land upon which the	sas Surface Owner Notice Act (House Bill 2032), ne subject well is or will be located: 1) a copy of th with this form; 2) if the form being filed is a Form C ldress, phone number, fax, and email address.	ic Form C.1, Form CB-1, Form 1-1, Or Form
WCC will be required to send this it	ito the surface owner(s). I acknowledge that, beca information to the surface owner(s). To mitigate th gicharged a \$30.00 handling fee, payable to the KC	le additional cost of the KCC believing and
If choosing the second option, submit pays form and the associated Form C-1, Form C	ment of the \$30.00 handling fee with this form. If ( CB-1, Form T-1, or Form CP-1 will be returned.	the fee is not received with this form, the KSONA-1
I hereby certify that the statements made h	nerein are true and correct to the best of my knowle	edge and belief.
Date. 6/15/2013 Signature of Ope	erator or Agent:	Tille: Regional Land Manager
API # :15055214370001	KDOR #220711	RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

## **Surface Owners**

ABI# 4505504.4270004	Lease Name:	BRO\	ΛN		Well #:7-9 INI	
API#: 15055214370001	Lease Name: _				<u></u>	
Owner Name: NEWPORT	FARMS LLC					
Address: PO BOX 12						
Address: PU BUX 12	21					
City: SYRACUSE	<u>State</u>	: KS	Zip:	67878-1227		
Owner Name:						
Address:						
	•		7:			
City:	State	:	Zip:	•		
a Name						
Owner Name: Address:						
Auuress.						
City:	State	ə:	Zip:			
Owner Name: Address:						
Address.						
City:	State	e:	Zip:	1		
	•					
Owner Name:						
Address:						
	64.4		7:			
City:	Stat	e.	Zip	•		

RECEIVED KANSAS CORPORATION COMMISSION

Well #: \_ 7--9 INF

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS