### 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 Notification Act,
MUST be submitted with this form

Check Applicable Boxes: MUST b	e submitted with this form.
Oil Lease: No. of Oil Wells**	Effective Date of Transfer: 7/1/2013
Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.:203887
Gas Gathering System:	
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	
feet from E / W Lin	
Enhanced Recovery Project Permit No.:	T025S - R035W: SEC 027 All
Entire Project: Yes No	
Number of Injection Wells**	County: Kearny
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. II Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	Haul-Off Workover OQ Drilling
	Tradition Transfer of Triming
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182 KANSAS CORPORATION COMMISSION
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date: 05/31/2013 ILIN 1 9 2013
Title: _RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u> CONSERVATION DIVISION WICHITA, KS
New Operator's License No. 32864	Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: WGP-KHC LLC
OKLAHOMA CITY, OK 73102	Date: 05/31/2013
Title: _ SR. OPERATIONS VICE PRESIDENT	Signature: Douglas C. Schultze
	njection authorization, surface pit permit #has been poration Commission. This acknowledgment of transfer pertains to Kansas Corporation at in the above injection well(s) or pit permit.
is acknowledge	ed as is acknowledged as
the new operator and may continue to inject fluids as authorize	ed 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	3 PRODUCTION 8.29.13 UIC 8-29-13
Mail to: Past Operator/New	Operator District

#### Side Two

Must Be Filed For All Wells

Lease Name: TATEWHITE			Location: 27	*Location: 27 25 35WSÉ			
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet i		Type of Well (Ol/Gas/INJ/WSW) GAS	Well Status (PROD/TA'D/Abandoned)		
1	15093002890000 /	2310FSL	2310FEL		ACTIVE		
		FSUFNL	FEL/FWL				
		FSL/FNL	FEL/FWL		-		
		FSL/FNL	FEL/FWL		***************************************		
	_	FSL/FNL	FEL/FWL		<b>30</b>		
	_	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL				
··		FSL/FNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		<del>-</del>		
		FSL/FNL	FEUFWL		•		
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
COMPANY TO A STATE ON LINEARD	Park Strategy and the s	FSL/FNL	FEL/FWL				
	- 4	FSL/FNL	FEL/FWL		<del>-</del>		
Bright School		FSL/FNL	FEL/FWL		The control of the co		
	_	FSL/FNL	FEL/FWL		***		
		FSL/FNL	FEL/FWL	ка	RECEIVED NSAS CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL		JUN 1 8 2013		

A separate sheet may be attached if necessary

\_\_ FEL/FWL

FEL/FWL .

CONSERVATION DIVISION WICHITA, KS

FSL/FNL \_

\_FSL/FNL \_\_\_\_\_

<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
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.

	208				
OPERATOR: License #5	IL CORPORATION	Well Location:	SE 500 27 7000	25 S. R. 35 Eas X West	
Name: EXXONMOBIL O Address 1: P. O. BOX 43	Makadadak Marender oldak kecal Comuner et isa - nam merindik megketanggan perintah ana di sebagai nagan pendapakan	County: Kearn			
		_		Well #: 1	
	State: Zip:	4250			
Contact Person: ADAM SC	•	r i ioi irrompie viens or "	e wells on a lease, enter the legal description of		
	Fax: ( 713 431-1475	T025S - R035V	: SEC 027 All		
Email Address: adam.e.s		· · · · · · · · · · · · · · · · · · ·			
Surface Owner Information	2:				
Name: See Attache	d			le surface owners, attach an additional	
	Address 1:			e left for each surface owner. Surface records of the register of deeds for the	
Address 2:	A CHANGE MANAGEMENT OF THE PROPERTY AND THE RESERVE OF THE PROPERTY OF THE PRO			ax records of the county treasurer.	
City:	State: Zip:	·			
Select one of the following:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a separate plat may be submitted.	
owner(s) of the la CP-1 that I am filir	uant to the Kansas Surface Ow nd upon which the subject well i ng in connection with this form; 2 perator name, address, phone n	is or will be located: 1) a copy ( ) if the form being filed is a For	of the Form C-1, For	m CB-1, Form T-1, or Form	
KCC will be requir	d this information to the surface a red to send this information to the ge that I am being charged a \$30	ne surface owner(s). To mitigat	e the additional cost	of the KCC performing this	
	tion, submit payment of the \$30 orm C-1, Form CB-1. Form T-1.		If the fee is not rec	elved with this form, the KSONA-1	
I hereby certify that the sta	ntements made herein are true a	and correct to the best of my kn	owledge and belief.		
Date: 6/15/2013	<ul> <li>Signature of Operator or Agent:</li> </ul>	M. Michael McNulty	Tille:	Regional Land Manager	
API # :1509300289000	)O KD	OOR #203887		RECEIVED KANSAS CORPORATION COMMISSIO	

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

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS

### **Surface Owners**

API#:	15093002890000		Lease Name:	TATEWHITE			Well #: 1
Own	er Name:	KOSTER, DUANE	& KATHY TRUS	т			
	Address:	PO BOX 855					
	City:	GARDEN CITY	State:	KS	Zip:	67846	
	er Name: Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		
	er Name: Address:						
	City:		State:		Zip:		

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

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