### 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: Effective Date of Transfer: \_ Oil Lease: No. of Oil Wells . 204037 Gas Lease: No. of Gas Wells. KS Dept of Revenue Lease No.: \_ Lease Name: USA MOORE Gas Gathering System:. Saltwater Disposal Well - Permit No.: \_\_ 32 Twp. 26 R. \_\_feet from N/SLine Legal Description of Lease: \_\_feet from 🔲 E / 🔲 W Line T026S - R035W: SEC 032 All Enhanced Recovery Project Permit No.: \_\_ Entire Project: Yes No County: Kearny Number of Injection Wells. Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE CHASE Production Zone(s): \*\* Side Two Must Be Completed. Injection Zone(s): teet from N / S Line of Section Surface Pit Permit No.: \_ (API No. II Drill Pit, WO or Haul) leet from E / W Line of Section ■ Workover OR ■ Drilling Haul-Off Settling Bum Type of Pit: Emergency LAURIE KILBRIDE RECEIVED Contact Person: Past Operator's License No. KANSAS CORPORATION COMMISSION Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION Phone: 713-431-1182 05/31/2013 P. O. BOX 4358, HOUSTON, TX 77210-4358 Date: \_ **CONSERVATION DIVISION** RSO MANAGER/AGENT & ATTORNEY-IN-FACT Signature: <u>Andrew D. Pole</u> **BRENDA WALLER** Contact Person: New Operator's License No. -New Operator's Name & Address: XTO ENERGY INC. 405-319-3259 Oil / Gas Purchaser: WGP-KHC LLC 210 PARK AVENUE, SUITE 2350 05/31/2013 Date: OKLAHOMA CITY, OK 73102 Signature: <u>Douglas C. Schultre</u> Title: SR. OPERATIONS VICE PRESIDENT Acknowledgment of Transfer: The above request for transfer of injection authorization, surface pit permit #\_\_\_ noted, approved and duty 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 of the above named lease containing the surface pit the new operator and may continue to inject fluids as authorized by permitted by No.: \_\_\_ \_\_\_\_\_ . Recommended action: Authorized Signature Authorized Signature PRODUCTION DISTRICT \_

Mail to: Past Operator\_

#### Side Two

#### Must Be Filed For All Wells

Lease Name:	U S A MOORE	- Location: 32 26 35W5 క					
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet f	Section Line rom South Line)	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)		
1	15093004930000	2310FSL	2310FEL	GAS	ACTIVE		
	-						
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	******	FSL/FNL	FEL/FWL	et and the control of			
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL		_		
		FSL/FNL	FEL/FWL				
	11-9-4	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	No. of the last of			
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		FSL/FNL	FEL/FWL		_		
	The desired in the second of t	FSL/FNL	FEL/FWL	HEATER FOR THE STATE OF THE STA			
	•	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	VAN	RECEIVED ISAS CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL		<u>JUN 1 8 2013</u>		
		FSL/FNL	FEL/FWL		CONSERVATION DIVISION		
		ESI ÆNI	FEL/FWI		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 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 CORPORATIO		SE Sec. 32 Twp.26 S. R. 35 Eas X West			
Address 1: P. O. BOX 4358	A COLOR OF THE COL				
Address 2:		S A MOORE Well #: 1			
City: HOUSTON State: TX		.1 for multiple wells on a lease, enter the legal description of			
Contact Person: ADAM SCOTT	the lease below:	the lease below: T026S - R035W: SEC 032 All			
Phone: { 713 431-1859 Fax:	713 431-1475 T026S - R035W				
Email Address: <u>adam.e.scott@exxonmob</u>	ill.com				
Surface Owner Information:					
Name: See Attached		rm F1 involving multiple surface owners, attach an additional			
Address 1:	sheet listing all o	sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the			
Address 2:		e real estate property tax records of the county treasurer.			
City: State:	_ Zip:+				
Select one of the following:	ie iodaions may be emerca on the roll of the	, Form CB-1 plat, or a separate plat may be submitted.			
owner(s) of the land upon which CP-1 that I am filing in connection	nsas Surface Owner Notice Act (House Bill 203 the subject well is or will be located: 1) a copy on with this form; 2) if the form being filed is a Forn address, phone number, fax, and email address.	of the Form C-1, Form CB-1, Form T-1, or Form			
KCC will be required to send this	on to the surface owner(s). I acknowledge that, be information to the surface owner(s). To mitigate ng charged a \$30.00 handling fee, payable to the	e the additional cost of the KCC performing this			
If choosing the second option, submit pa form and the associated Form C-1, Form	yment of the \$30.00 handling fee with this form. CB-1, Form T-1, or Form CP-1 will be returned.	If the fee is not received with this form, the KSONA-1			
I hereby certify that the statements made	herein are true and correct to the best of my kno	owledge and belief.			
Date: 6/15/2013 Signature of O	perator or Agent: M. Michael McNulty	Title: Regional Land Manager			
		RECEIVED			

JUN 1 8 2013

### **Surface Owners**

API#:	15093004930000		Lease Name: _	USAMOORE			Well #	Well #:	
								w - 11	
Owr	ner Name:	SMITH, BRYAN K							
	Address:	10450 N RD S							
	City:	ULYSSES	State:	KS	Zip:	67880			
Ow	ner Name:								
	Address:								
	City:		State:		Zip:				
Owi	ner Name:								
	Address: City:		State:		Zip:				
Owr	ner Name: Address:								
	City:		State:		Zip:				
Owr	ner Name: Address:								
	City:		State:		Zip:				

RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS