### 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

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

| Form KSONA-1, Certification of Compliance in MUST be submitted             | ed with this form.  |  |  |  |
|--|---|--|--|--|
| heck Applicable Boxes:   | Effective Date of Transfer:   |  |  |  |
| Oil Lease: No. of Oil Wells**  | KS Dept of Revenue Lease No.: 200355  |  |  |  |
| X Gas Lease: No. of Gas Wells  |   |  |  |  |
| Gas Gathering System:  | Lease Name: BAUGHMAN  |  |  |  |
| Saltwater Disposal Well - Permit No.:                                      |   |  |  |  |
| Spot Location: feet from N / S Line  | Legal Description of Lease:   |  |  |  |
| feet from E / W Line   | T033S - R035W: SEC 021 All  |  |  |  |
| Enhanced Recovery Project Permit No.:                                      |   |  |  |  |
| Entire Project: Yes No   |   |  |  |  |
| Number of Injection Wells  | County: Stevens   |  |  |  |
| Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE                          | Production Zone(s): CHASE   |  |  |  |
| ** 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)                 | feet from E / W Line of Section   |  |  |  |
|  | parity of Duilling  |  |  |  |
| Type of Pit: Emergency Burn Settling                                       | Haul-Off Workover Drinning  |  |  |  |
| 5208 /   | Contact Person:LAURIE KILBRIDE  |  |  |  |
| Past Operator's License No. 5208 /   | Phone: 713-431-1182   |  |  |  |
| Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION                 | 05/24/2043  |  |  |  |
| P. O. BOX 4358, HOUSTON, TX 77210-4358                                     | Udio.   |  |  |  |
| Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT                                | Signature: <u>Andrew D. Cole</u>  |  |  |  |
|  | KCC WICHITA   |  |  |  |
| 32864  | Contect Person  |  |  |  |
| New Operator's License No.   | JUN 18 2013   |  |  |  |
| New Operator's Name & Address: XTO ENERGY INC.                             | Phone:ONEOK FIELD SERVICES RECEIVED   |  |  |  |
| 210 PARK AVENUE, SUITE 2350  | Oil / Gas Purchaser: ONEOK FIELD SERVICES RECEIVED                            |  |  |  |
| OKLAHOMA CITY, OK 73102  | Date: 05/31/2013  |  |  |  |
|  | Signature: <u>Douglas C. Schultze</u>   |  |  |  |
| Title: SR. OPERATIONS VICE PRESIDENT                                       |   |  |  |  |
|  | has been has been   |  |  |  |
| Acknowledgment of Transfer: The above request for transfer of injection    | on Commission. This acknowledgment of transfer pertains to Kansas Corporation |  |  |  |
| noted, approved and duly recorded in the records of the Kansas Corporation | on characing well(s) or pit permit.   |  |  |  |
| Commission records only and does not convey any ownership interest in the  | R STOAS MISCHOLL MONIOL OF N. P. P.   |  |  |  |
|  | is acknowledged as  |  |  |  |
| is acknowledged as   | the engine and because the surface of   |  |  |  |
| 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:  |   |  |  |  |
|  | -   |  |  |  |
| Date:  | Date: Authorized Signature  |  |  |  |
| Authorized Signature / /   |   |  |  |  |
| DISTRICT EPR EPR New One   | _ PRODUCTION  |  |  |  |
| Mail to: Past Operator New Operator  | Listini   |  |  |  |

#### Side Two

#### Must Be Filed For All Wells

| Lease Name                     | BAUGHMAN                     | BAUGHMAN Location: 21 33 35WSE                                 |         |  |  |  |  |  |
|--------------------------------|------------------------------|--|---------|--|--|--|--|--|
| Well No.                       | API No.<br>(YR DRLD/PRE '67) | Footage from Section Line<br>(i.e. FSL = Feet from South Line) |         | Type of Well<br>(Oll/Gas/INJ/WSW)  | Well Status<br>(PROD/TA'D/Abandoned)   |  |  |  |
| 1                              |                              | 2640FSL  | 2640FEL | GAS  | ACTIVE   |  |  |  |
|                                |                              |  |         |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEUFWL  |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEUFWL  | -  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                |                              |  | FEL/FWL |  |  |  |  |  |
|                                |                              |  | FEL/FWL | Anna and a state of the state o |  |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
| SAMAJA (ABINA) Milingi (ABINA) |                              |  |         |  |  |  |  |  |
|                                |                              |  | FEL/FWL |  |  |  |  |  |
|                                |                              | FSL/FNL  |         | Wisinkingson out 1977 generalized properties of the participation and the second section of the second seco | Management physical and the property and a second of the control o |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  | Marie  |  |  |  |
| -                              |                              | FSL/FNL  |         |  | KCC WICHIT   |  |  |  |
|                                | -                            | FSL/FNL  |         |  | JUN 1 8 2013   |  |  |  |
|                                |                              | FSL/FNL  | FEL/FWL |  |  |  |  |  |
|                                | -                            | FSL/FNL  | FEL/FWL |  | RECEIVED   |  |  |  |

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 Name: EXXONMOBIL OIL CORPORATION  |  | Well Location:<br>SE Sec.21 Twρ.33 S. R.35 Eas X West   |  |  |
|--|--|---|--|--|
| Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358   |  | Stevens   |  |  |
| Address 2:   |  | ame: BAUGHMAN Weil #: 1   |  |  |
| City: HOUSTON State: TX  | 44.50  | Form 1-1 for multiple wells on a lease, enter the legal description of  |  |  |
| Contact Person: ADAM SCOTT   | the lease  | the lease below:  |  |  |
| Phone: { 713 431- 1850 Fax:  | 713 431-1475 T033S -   | R035W: SEC 021 All  |  |  |
| Email Address: adam.e.scott@exxonmot   |  |   |  |  |
| Surface Owner Information:   |  |   |  |  |
| Name: See Attached   | When till  | When filing a Form 1.1 involving multiple surface owners, attach an additional  |  |  |
| Address 1:   | sheet list owner int   | ing all of the information to the left for each surface owner. Surface or mation can be found in the records of the register of deeds for the   |  |  |
| Address 2:   |  | nd in the real estate property tax records of the county treasurer.   |  |  |
| City:State:  | _ Zip:+  |   |  |  |
| owner(s) of the land upon which CP-1 that I am filing in connection form; and 3) my operator name, a  I have not provided this information in the control of | the subject well is or will be located: 1) and with this form; 2) if the form being filed is address, phone number, fax, and email address, phone number, fax, and email address information to the surface owner(s). To i | till 2032), I have provided the following to the surface copy of the Form C-1, Form CB-1, Form T-1, or Form a Form C-1 or Form CB-1, the plat(s) required by this dress.  that, because I have not provided this information, the nitigate the additional cost of the KCC performing this e to the KCC, which is enclosed with this form. |  |  |
| If choosing the second option, submit pa<br>form and the associated Form C-1, Form   | yment of the \$30.00 handling fee with this<br>CB-1, Form T-1, or Form CP-1 will be rete   | form. If the fee is not received with this form, the KSONA-1 irned.   |  |  |
| I hereby certify that the statements made  | herein are true and correct to the best of   | my knowledge and belief.  |  |  |
| Date: 6/15/2013 Signature of O   | perator or Agent: M. Michael McNutty   | Tille: Regional Land Manager  |  |  |
| API#:15189003440000  | KDOR #200355   | KCC WICHITA   |  |  |

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

JUN 1 8 2013

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### **Surface Owners**

| API#: | 15189003440000         | Lease Name: | BAUGHMAN | ١          | Well #:1 |
|-------|------------------------|-------------|----------|------------|----------|
| -     |                        | -           |          |            |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
|       | er Name: HEGER, KIRK & | DARIN       |          |            |          |
|       | Address: P O BOX 100   |             |          |            |          |
|       |                        |             |          |            |          |
|       | City: HUGOTON          | State:      | KS Zip   | : 67951    |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
| O     | ner Name:              |             |          |            |          |
|       | Address:               |             |          |            |          |
|       | Address.               |             |          |            |          |
|       | City:                  | State:      | Zi       | n:         |          |
|       | Oity.                  | -           | ,        | F-         |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
|       | ner Name:              |             |          |            |          |
|       | Address:               |             |          |            |          |
|       |                        |             |          |            |          |
|       | City:                  | State:      | Zip      | );         |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
| Own   | er Name:               |             |          |            |          |
|       | Address:               |             |          |            |          |
|       |                        |             |          |            |          |
|       | City:                  | State:      | Zip      | <b>)</b> : |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
|       |                        |             |          |            |          |
| Own   | er Name:               |             |          |            |          |
|       | Address:               |             |          |            |          |
|       |                        |             |          |            |          |
|       | City:                  | State:      | Zip      | o:         |          |
|       | •                      |             | •        |            |          |

Lease Name: BAUGHMAN

Well #: \_\_1\_\_\_\_

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