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

1744

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

Oil and No. of City	The Aria.
Oil Lease: No. of Oil Wells	Effective Date of Transfer: 7/1/2013
Cas Loade: Mo. Of Citis Melis	KS Dept of Revenue Lease No.: 207345
Gas Gathering System:	Lease Name: CHARLES HOFFMAN
Saltwater Disposal Well - Permit No.:	
Spot Location: feet from N / S Line	Legal Description of Lease:
feet from E / W Line	T027S - R035W: SEC 007 All
Enhanced Recovery Project Permit No.:	10270 - 100000. SEC 007 All
Entire Project: Yes No	
Number of Injection Wells	County: Grant
Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Production Zone(s): COUNCIL GROVE
** Side Two Must Be Completed.	Injection Zone(s):
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul)	leet from N / S Line of Section
Time of the front of the front of the first	leet from E / W Line of Section
Type of Pit: Emergency Burn Settling	Haul-Off Workover Drilling
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED KANSAS CORPORATION COMMISSI
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	JUN 1 8 2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	CONSERVATION DIVIDION
11109:	Signature: Andrew D. Cole 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	V 44.01
THE STATE OF THE PROPERTY OF T	Signature: <u>Douglas C. Schultze</u>
Acknowledgment of Transfer: The above request for transfer of injection a	authorization curlage oil normit 4
	Commission. This acknowledgment of transfer pertains to Kansas Corporation
Commission records only and does not convey any ownership interest in the	
, and a second measure in the	more injection weight of pit permit.
is acknowledged as	is acknowledged as
the new operator and may continue to inject Iluids as authorized by	-
	the new operator of the above named lease containing the surface pit
Permit No.: Recommended action:	permitted by No.:
Data	B.44
Date:	Date:
(8/25/15	PRODUCTION <u>GCT 2 4 2013</u> UIC <u>10-24-13</u>
Mail to: Past OperatorNew Operato	

Side Two

Must Be Filed For All Wells

KDOR Lease No.:	207345
' Loosa Nama.	CHARLES HOFEMAN

Lease Name:	CHARLES HOFFMAN	*Location: 7 27 35W. N W				
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)	Siblus PNOU/A D/Ribandoned	
2	15067205580000 🗸	2790FSL	2790FEL	GAS	TA'd	
			FEL/FWL			
			FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
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					MATERIAL MANUFACTOR STATE OF THE PARTY OF TH	
		FSL/FNL	FEL/FWL .			
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		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	KAN	RECEIVED SAS CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL_		JUN 1 8 2013	
		FSL/FNL	FEL/FWL _	78.	CONSERVATION DIVISION WICHITA, KS	
		FSL/FNL	FEL/FWL_		workin, No	

A separate sheet may be attached if necessary

^{*} 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 hity 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 Burence 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:	-1 (Intent) CB-1 (Cathodic Protection Boreficie	tirtent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: License #_ 5208		
Name: EXXONMOBIL OIL CORPORATION	————— Well Location: ►	/ 0 7 27
Address 1: P. O. BOX 4358	County: Grant	<u>['] Sec. ⁷ Twp.²⁷ S. R. ³⁵ Eas X Wes</u>
Address 2:		
Cary: HOUSTON State: TX Zip: T	TO 40 - 40 PO	RLES HOFFMAN Well #: 2
Contact Dorson, ADAM SCOTT	if thing a Form 1-1 to the fease below:	or multiple wells on a lease, enter the legal description o
Phone: (713 431- (859 Fax: (713 43	1-1475 T027S - R035W: SE	C 007 All
Email Address: adam.e.scott@exxonmobil.com		
Surface Owner Information:		
Name: See Attached	Missin Glive a Corne F	V insulation and the
Address 1:	sheet listing all of the	I involving multiple surface owners, attach an additional information to the left for each surface owner. Surface
Address 2:	owner information cal	n be found in the records of the register of deeds for the if estate property tax records of the county treasurer.
Слу: State: Zip:		the county incustate.
are preliminary non-binding estimates. The locations Select one of the following:	, тау be emered on the Form C-1 рац, For	m CB-1 plat, or a separate plat may be submitted.
 I certify that, pursuant to the Kansas Surfactowner(s) of the land upon which the subject CP-1 that I am filing in connection with this form; and 3) my operator name, address, pho I have not provided this information to the surfice will be required to send this information task, I acknowledge that I am being charged in 	wents of will be located: 1) a copy of the orm; 2) if the form being filed is a Form C-one number, fax, and email address. If acceptance owner(s) To mitigate the country of the surface owner(s).	Form C-1, Form CB-1, Form T-1, or Form 1 or Form CB-1, the plat(s) required by this sell have not provided this information, the
f choosing the second option, submit payment of the orm and the associated Form C-1, Form CB-1, Form	9 \$20 00 handling for with this form I to	
hereby certify that the statements made herein are t	rue and correct to the best of my knowled	ge and belief.
oate: 6/15/2013 Signature of Operator or Age	ent:M. Michael McNulty	Tille: Regional Land Manager
API # :15067205580000	KDOR #207345	RECEIVED KANSAS CORPORATION COMMISSION
		iiilii 4 0 aaa

JUN 1 & ZUI3

Surface Owners

API#:	1506720	05580000	Lease Name: _	CHARLE	S HOFFMAN	Well #: _ 2
Own	Address:	PETRO, RICHARI 112 EGRET COVE GEORGETOWN	D & RITA FAMILY E State:			HOMA?
	.		State:	IX Z	ip: 78633	
	er Name: Address:					
	City:		State:	Z	ip:	
Owne	er Name:					
•	Address:					
	City:		State:	Zi	p:	
	r Name: ddress:					
	City:		State:	Zij) :	
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	· Name: ddress:					
	City:		State:	Zip	:	
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RECEIVED KANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS