KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

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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:	tted with this form.		
Check Applicable Boxes: Oil Lease: No. of Oil Wells X Gas Lease: No. of Gas Wells Gas Gathering System: Saltwater Disposal Well - Permit No.: Spot Location: feet from N / S Line teet from E / W Line Enhanced Recovery Project Permit No.: Entire Project: Yes No	Effective Date of Transfer: 7/1/2013 KS Dept of Revenue Lease No.: 200771 Lease Name: CUNNINGHAM		
Number of Injection Wells ** Field Name: COMBINED HUGOTON PANOMA COUNCIL GROVE ** Side Two Must Be Completed.	County: Stevens Production Zone(s): CHASE Injection Zone(s):		
Surface Pit Permit No.:	feet from N / S Line of Sectionfeet from E / W Line of Section Haul-Off Workover OF Drilling		
Past Operator's License No	Contact Person:LAURIE KILBRIDE Phone:713-431-1182 Date:05/31/2013 Signature:Audrew D. Cole		
New Operator's License No. 32864 New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350 OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Contact Person:BRENDA WALLER Phone:405-319-3259		
Acknowledgment of Transfer: The above request for transfer of injection a noted, approved and duty recorded in the records of the Kansas Corporation Commission records only and does not convey any ownership interest in the a	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
the new operator and may continue to inject fluids as authorized by Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit		
District EPR D/2 4//3 F Mail to: Past Operator New Operator New Operator PR D/2 4//3 F New Operator Ne	PRODUCTION OCT 2 5 2013 UIC 10-25-/3 District		

Side Two

Must Be Filed For All Wells

-

ease Name:	CUNNINGHAM Location: 13 34 37WSE						
Well No.	API No. (YR DRLD/PRE '67)	Footage from (i.e. FSL = Feet f	Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned		
<u> </u>	15189005900000 /	2310FSL	2310FEL	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		***************************************		
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		FSL/FNL	FEL/FWL				
			FFI /FWI				
			FEL/FWL		1-100-1		
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		FSL/FNL					
			FEL/FWL				
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		FSL/FNL	FEL/FWL	-			

*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. JUN 18 2013

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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		West		
	County: Stevens			
Address 2:				
City: HOUSTON State: TX	Zip:	ion of		
Contact Person: ADAM SCOTT Phone: (713 431 854 Fax: ()				
Phone: (713 431 155/ Fax: (Email Address: adam.e.scott@exxonmobil	·			
Surface Owner Information:				
Name: See Attached	When filing a Form T.1 involving multiple surface owners, attach an addit			
Address 1:	sheet listing all of the information to the left for each surface owner. S			
Address 2:		₹.		
City:State:	Zip:+			
owner(s) of the land upon which the CP-1 that I am filing in connection to	as Surface Owner Notice Act (House Bill 2032), I have provided the following to the surface the subject well is or will be located: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form with this form; 2) if the form being filed is a Form C-1 or Form CB-1, the plat(s) required by this dress, phone number, fax, and email address.			
I have not provided this information KCC will be required to send this in	to the surface owner(s). I acknowledge that, because I have not provided this information, the information to the surface owner(s). To mitigate the additional cost of the KCC performing this parameter is charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form.			
I have not provided this information KCC will be required to send this it task, I acknowledge that I am being If choosing the second option, submit payr	nformation to the surface owner(s). To mitigate the additional cost of the KCC performing this	VA-1		
I have not provided this information KCC will be required to send this it task, I acknowledge that I am being If choosing the second option, submit payr form and the associated Form C-1, Form C	nformation to the surface owner(s). To mitigate the additional cost of the KCC performing this charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form. In the sacron handling fee with this form. If the fee is not received with this form, the KSO	VA-1		
I have not provided this information KCC will be required to send this it task, I acknowledge that I am being If choosing the second option, submit payr form and the associated Form C-1, Form C	information to the surface owner(s). To mitigate the additional cost of the KCC performing this plant charged a \$30.00 handling fee, payable to the KCC, which is enclosed with this form. Interest of the \$30.00 handling fee with this form. If the fee is not received with this form, the KSO (B-1, Form T-1, or Form CP-1 will be returned.) erein are true and correct to the best of my knowledge and belief.	VA-1		

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

KCC WICHITA

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Surface Owners

API#:	15189005900000	Lease Name: _	CUNNINGHAM	_ Well #: _1
Owr	ner Name: SHELTON, BARB	ARA		
	Address: 530 S WASHING			
	City: HUGOTON	State:	KS Zip: 67951-2645	
	ner Name: Address:			
	City:	State:	Zip:	
	er Name: Address:			
	City:	State:	Zip:	
	er Name: Address:			
	City:	State:	Zip:	
	er Name: Address:			
	City:	State:	Zip:	

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