070113_Curry.pdf

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form T-1
Merch 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,

Check Applicable Boxes:	
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.: 220599
Gas Gathering System:	Lease Name:CURRY
Saltwater Disposal Well - Permit No.:	SWSec. 35 Two. 32 R. 37W TEXW
Spot Location: feet from N / S Line	Legal Description of Lease:
feet from E / W Line	T032S - R037W: SEC 035 S2 T033S - R037W: SEC 002 N2
Enhanced Recovery Project Permit No.:	10325 - R037W: SEC 035 52 10335 - R037W: SEC 002 N2
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):
Surface Pit Permit No.: (API No. II Drill Pit, WO or Haul)	
Type of Pit: Emergency Burn Settling	Haul-Off Workover P Drilling
Past Operator's License No. 5208 V	Contact Person: LAURIE KILBRIDE
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: _713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	Date:05/31/2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Signature: <u>Andrew D. Cole</u>
	RECEIVED KANSAS CORPORATION COMMISSIO
New Operator's License No. 32864 V	Contact Person: BRENDA WALLER
New Operator's Name & Address: XTO ENERGY INC.	Phone: 405-319-3259 JUN 1 8 2013
210 PARK AVENUE, SUITE 2350	Oil / Gas Purchaser: CONSERVATION DIVISION
OKLAHOMA CITY, OK 73102	Dale: 05/31/2013
Title: SR. OPERATIONS VICE PRESIDENT	Signature: <u>Douglas C. Schultze</u>
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
is acknowledged as	is acknowledged as
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:	permitted by No.:
Date:	Date:
	PRODUCTION 10.17.13 UIC 10-17-13
Mail to: Past Operator New Operator	

Side Tea

Must Be Filed For All Wells

* Lease Name: CURRY			Location: 30	* Location: 35 32 37W SW			
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)		
13 INF	15189219400002	1000FSL	1250FWL	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				
		FSL/FNL	FEL/FWL		-1		
		FSL/FNL	FEL/FWL				
	10.70	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	•	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
	photos and the second s	FSL/FNL	FEL/FWL				
·		FSL/FNL	FEL/FWL				
	MARINE MA	FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	detaile ann ann an ann an ann ann an ann an an			
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL	KANSA	RECEIVED S-CORPORATION COMMISSION		
		FSL/FNL	FEL/FWL		JUN 1 8 2013		
	_	FSL/FNL	FEL/FWL		CONSERVATION DIVISION WICHITA, KS		

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 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 CORPORAT	TON	SW Sec. 35 Twp.32 S. R. 37 Eas X West		
Address 1: P. O. BOX 4358	County: Ste	vens		
Address 2:	Lease Name	9: CURRY Well #: 1-3 INF		
City: HOUSTON State: TX		filing a Form T-1 for multiple wells on a lease, enter the legal description of		
Contact Person: ADAM SCOTT		+6w: 37W: SEC 035 S2 T033S - R037W: SEC 002 N2		
Phone: (713 431 1889 Fax	c: (<u>713 431-1475</u>	0, W. 020 000 02 10000 1000 110 012 112		
Email Address: adam.e.scott@exxonm	<u>obil.com</u>			
Surface Owner Information:				
Name: See Attached	When filing .	a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing	all of the information to the left for each surface owner. Surface nation can be found in the records of the register of deeds for the		
Address 2:		in the real estate property tax records of the county treasurer.		
City: State:	Zip:+			
Select one of the following:	·	plat, Form CB-1 plat, or a separate plat may be submitted.		
owner(s) of the land upon whice CP-1 that I am filing in connecti	h the subject well is or will be located: 1) a co	2032), I have provided the following to the surface py of the Form C-1, Form CB-1, Form T-1, or Form Form CB-1, the plat(s) required by this iss.		
KCC will be required to send the	tion to the surface owner(s). I acknowledge the nis information to the surface owner(s). To miti eing charged a \$30.00 handling fee, payable to	at, because I have not provided this information, the gate the additional cost of the KCC performing this the KCC, which is enclosed with this form.		
	payment of the \$30.00 handling fee with this form CB-1, Form T-1, or Form CP-1 will be return	rm. If the fee is not received with this form, the KSONA-1 ed.		
I hereby certify that the statements mad	de herein are true and correct to the best of my	knowledge and belief.		
Date: 6/15/2013 Signature of	Operator or Agent: W. Michael McNulty	Title: Regional Land Manager		
API # :15189219400002	KDOR #220699	RECEIVED KANSAS CORPORATION COMMISSION		

JUN 1 8 2013

Surface Owners

AP#: 1518921		9400002	Lease Name: _	CURRY		Well #:	Well #:1-3 INF	
Owner Name: CAMPBELL, MAURINE CUTTER								
	Address:	605 W 9TH ST						
	City:	CONCORDIA	State:	KS	Zip:	66901-3321		
Owi	ner Name:							
	Address:							
	City:		State:		Zip:			
	ner Name: Address:							
	City:		State:		Zip:			
	er Name:							
	Address:							
	City:		State:		Zip:			
	er Name: Address:							
	City:		State:		Zip:			

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JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS