## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form 7-1 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,

Check Applicable Boxes:	thed with this form.
Check Applicable Boxes:  Oil Lesse: No. of Oil Wells	Effective Date of Transfer:
Surface Pit Permit No.:	leet from N / S Line of Section
(API No. If Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling	leet from E / W Line of Section  Haul-Off Workover Drilling
Past Operator's License No. 5208	Contact Person: LAURIE KILBRIDE RECEIVED
Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION	Phone: 713-431-1182
P. O. BOX 4358, HOUSTON, TX 77210-4358	IIIN 1 8 2013
Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT	Date:
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	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	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  Permit No.: Recommended action:	the new operator of the above named lease containing the surface pit permitted by No.:
Date:	Date:
	PRODUCTION 10.21.13 UIC 10-2[-[3]
Mail to: Past Operator New Operato	

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

#### Side Two

#### Must Be Filed For All Wells

KDOR Lease	No.: 200872			_		
Lease Name:	DIMMITT HEIRS		• Location: 32 27 36W SE			
Well No.	API No. (YR DRLD/PRE '67)	Foolage from (i.e. FSL = Feet fi	Section Line rom South Line)	Type of Well (Oll/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned)	
1	15067002670000	2310FSL	2310FEL	GAS	ACTIVE	
		FSL/FNL	FEL/FWL			
	·	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	·	<del></del>	
		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		<u> </u>	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FELFWL	NO COLORADO COMO DE CONTRACTOR	M 4000-400-400-400-400-400-400-400-400-40	
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL	decrease, describing reference as the original control is selected and the control of the contro		
		FSL/FNL	FEL/FWL		_	
		FSL/FNL	FEL/FWL		RECEIVED KANSAS CORPORATION COMMISSION	
		FSL/FNL	FEL/FWL		JUN 1 8 2013	
	· VALUE AND THE STATE OF THE ST	FSL/FNL	FEL/FWL		CONSERVATION DIVISION	
		FSL/FNL	FEL/FWL		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 Locati	on:		
Name: EXXONMOBIL OIL CORPORATI	ON	<u>SE</u> Sec. <u>32</u> Twp. <u>27</u> S. R. <u>36</u> Eas <b>X</b> West		
Address 1: P. O. BOX 4358	County: Gr	rant		
Address 2:	Lease Nam	ne: DIMMITT HEIRS Well #: 1		
Cary: HOUSTON State: TX	Zip:	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below: T027S - R036W: SEC 032 All		
Contact Person: ADAM SCOTT				
Phone: ( 713 431 1859 Fax	: ( <u>713 431-1475</u>	03017. SEC 032 All		
Email Address: adam.e.scott@exxonmo	bil.com			
Surface Owner Information:				
Name: See Attached	When filing	a Form T-1 involving multiple surface owners, attach an additional		
Address 1:	sheet listing	g all of the information to the left for each surface owner. Surface mation 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:	•	1 plat, 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	n the subject well is or will be located: 1) a co	2032), I have provided the following to the surface opy of the Form C-1, Form CB-1, Form T-1, or Form I Form C-1 or Form CB-1, the plat(s) required by this ess.		
KCC will be required to send the	ion to the surface owner(s). I acknowledge this information to the surface owner(s). To mit sing charged a \$30.00 handling fee, payable to	nat, because I have not provided this information, the tigate the additional cost of the KCC performing this o the KCC, which is enclosed with this form.		
	ayment of the \$30.00 handling fee with this for n CB-1, Form T-1, or Form CP-1 will be return	orm. If the fee is not received with this form, the KSONA-1 ned.		
hereby certify that the statements mad	e herein are true and correct to the best of m	y knowledge and belief.		
Date: 6/15/2013 Signature of C	Operator or Agent: M. Michael McNulty	Title; Regional Land Manager		
		RECEIVED KANSAS CORPORATION COMMIS		

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

CONSERVATION DIVISIC: WICHITA, KS

JUN 1 8 2013

### **Surface Owners**

API#: 150670	02670000	Lease Name: _	DIMMITTH	EIRS	Well #: <u>_1</u>	
Owner Name	: KEPHART, BEWA	ARDER TRUST				. 97
Address	: 201 S. MAIN ST. BOX 389					*, <b>K</b>
City	: ULYSSES	State:	KS Zip:	: 67880		
Owner Name						
Address	<b>)</b> :					
City	<i>r</i> :	State:	Zip	<b>o</b> :		
				•		
Owner Name						
Address	<b>3:</b>					
City	<b>/</b> :	State:	Zip	:		
Owner Name						
Address	:					
City	:	State:	Zip	:		
Owner Name						
Address						
City	•	State:	Zip	:		

RECEIVED ANSAS CORPORATION COMMISSION

JUN 1 8 2013

CONSERVATION DIVISION WICHITA, KS