KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113_Dollie_Seybold.pdf 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

Check Applicable Boxes: MUST be subn	nitted with this form.		
Check Applicable Boxes: Oil Lease: No. of Oil Wells	Effective Date of Transfer: Effective Date of Transfer: 7/1/2013		
Surface Pit Permit No.: (API No. If Drill Pit, WO or Haul) Type of Pit: Emergency Burn Settling	feet from N / S Line of Sectionfeet from E / W Line of Section Haul-Off Workover D L Drilling		
Past Operator's License No. 5208 / Past Operator's Name & Address: EXXONMOBIL OIL CORPORATION P. O. BOX 4358, HOUSTON, TX 77210-4358 Title: RSO MANAGER/AGENT & ATTORNEY-IN-FACT New Operator's License No. 32864 / New Operator's Name & Address: XTO ENERGY INC. 210 PARK AVENUE, SUITE 2350	Contact Person: LAURIE KILBRIDE RECEIVED Phone: 713-431-1182 KANSAS CORPORATION COMMISSION Date: 05/31/2013 JUN 1 8 2013 Signature: Andrew D. Cole CONSERVATION DIVISION WICHITA, KS Contact Person: BRENDA WALLER Phone: 405-319-3259 Oil / Gas Purchaser: WGP-KHC LLC		
OKLAHOMA CITY, OK 73102 Title: SR. OPERATIONS VICE PRESIDENT	Date: 05/31/2013 Signature: Douglas C. Schultze		
Acknowledgment of Transfer: The above request for transfer of injection noted, approved and duly recorded in the records of the Kansas Corporation of Commission records only and does not convey any ownership interest in the	Commission. This acknowledgment of transfer pertains to Kansas Corporation		
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.:		
Adama - Donaldon	PRODUCTION NOV 0 1 2013 UIC 1-3		
Mean to: Past Operator New Operato	or District		

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

Side Two

Must Be Filed For All Wells

* Lease Name	DOLLIE SEYBOLD		* Location: 1	31 36W NE	
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)	Well Status (PROD/TA'D/Abandoned
3 INF	15189214830001 √	4041FSL	1250FEL	GAS	ACTIVE
		FSL/FNL	FEUFWL		
		FSL/FNL	FEL/FWL		
~		FSUFNL	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		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		- FSL/FNL	FEL/FWL		· · · · · · · · · · · · · · · · · · ·
		FSL/FNL	FEL/FWL	M-1	
		FSL/FNL	FEL/FWL		
	**************************************	FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		
		FSL/FNL	FEL/FWL		RECEIVED SAS CORPORATION COMMISSION

A separate sheet may be attached if necessary

FEL/FWL .

____FEL/FWL _

CONSERVATION DIVISION WICHITA, KS

__ FSL/FNL __

_ ____FSL/FNL __

^{*} 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 (Well Loca	Well Location:		
Address 1; P. O. BOX 4			NE Sec. 1 Twp.31 S. R. 36 EastX West		
Address 2:			County: Stevens Lease Name: DOLLIE SEYBOLD Well #: 3 INF		
	State: Zip:	4020	If filing a Form T-1 for multiple wells on a lease, enter the legal description of the lease below:		
Contact Person: ADAM SC	отт	the lease			
Phone: (713 431-) % 5	Q Fax: (713 431-147		T0318 - R036W: SEC 001 SW4, S2 NW4, S2 NE4, SE4 (NENE) (NWNE) (NENW) (NWNW)		
Email Address: adam.e.	cott@exxonmobil.com	(NIVILE)			
Surface Owner Informatio	n:				
Name: See Attache	d		When filing a Form T.1 involving multiple surface owners, attach an additional sheet listing all of the information to the left for each surface owner. Surface owner information can be found in the records of the register of deeds for the county, and in the real estate property tax records of the county treasurer.		
		sheet listii			
Address 2:		county, an			
City:	State: Zip:	+			
Select one of the following: X I certify that, pursowner(s) of the lace CP-1 that I am filling form; and 3) my of I have not provide KCC will be required.	uant to the Kansas Surface Or nd upon which the subject well ng in connection with this form; perator name, address, phone r d this information to the surface ed to send this information to t	wher Notice Act (House Bill is or will be located: 1) a c 2) if the form being filed is a number, fax, and email add owner(s). I acknowledge to the surface owner(s). To m	-1 plat, Form CB-1 plat, or a separate plat may be submitted. 10 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 ress. 11 that, because I have not provided this information, the additional cost of the KCC performing this to the KCC, which is enclosed with this form.		
f choosing the second op orm and the associated F	tion, submit payment of the \$30 orm C-1, Form CB-1, Form T-1,	0.00 handling fee with this I or Form CP-1 will be return	form. If the fee is not received with this form, the KSONA-1 ned.		
hereby certify that the sta	tements made herein are true	and correct to the best of m	ny knowledge and belief.		
Date: 6/15/2013	. Signature of Operator or Agent: _	M. Michael McNulty	Title: Regional Land Manager		
API # :1518921483000	1 к	OOR #217255	RECEIVED KANSAS CORPORATION COMMISSION		

JUN 1 8 2013

Surface Owners

AP#: 15189214830001

AP#: 15189214830001	Lease Name: _	DOLLIE SEYBOLD	Well #: 3 INF
Owner Name: SLEMP, CA			
Address: PO BOX 68	33		
City: ULYSSES	State:	KS Zip: 67880-0683	
Owner Name: Address:			
City:	States	7 1	
Ony.	State:	Zip:	
Owner Name:			
Address:			
City:	State:	Zip:	
Owner Name:			
Address:			
City:	State:	Zip:	
Owner Name: Address:			
City:	State:	Zip:	

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