## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

070113\_Earlousher.pdf 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: MUST be subm	nitted with this form.
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  feet from E / W Line  Enthanced Recovery Project Permit No.:  Entire Project: Yes No  Number of Injection Wells  Fleld Name: COMBINED HUGOTON PANOMA COUNCIL GROVE	Effective Date of Transfer: 7/1/2013  KS Dept of Revenue Lease No.: 220827  Lease Name: EARLOUGHER
Surface Pit Permit No.:  (API No. If Drill Pit, WO or Haul)  Type of Pit: Emergency Burn Settling	leet from   N /   S Line of Section   Leet from   E /   W Line of Section   Haul-Off   Workever   P   Drilling
Past Operator's License No	Contact Person: LAURIE KILBRIDE  Phone: 713-431-1182 RECEIVED  KANSAS CORPORATION COMMISSION  Date: 05/31/2013  Signature: Andrew D. Cole  CONSERVATION DIVISION  WICHITA, KS  Contact Person: BRENDA WALLER  Phone: 405-319-3259  OII / Gas Purchaser: ONEOK FIELD SERVICES  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 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.:  Date:  Authorized Signature	is acknowledged as the new operator of the above named lease containing the surface pit permitted by No.:
10/27/12	PRODUCTION UCT 2 3 2013 UIC 10~23~13

#### Side Time

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#### Must Be Filed For All Wells

Lease Name	: EARLOUGHER		* Location: 32 26 36W SE				
Well No.	API No. (YR DRLD/PRE '67)	Foolage from Section Line (i.e. FSL = Feet from South Line)		Type of Well (Oil/Gas/INJ/WSW)	Well Status (PROD/TA'D/Abandoned		
13 INF		1250FSL	2585FEL	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				
· · · · · ·		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				
		FSUFNL	FEL/FWL				
		FSUFNL	FEL/FWL				
<u>.</u>		FSL/FNL	FEL/FWL				
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		FSL/FNL	FEL/FWL				
		FSL/FNL	FEL/FWL				

A separate sheet may be attached if necessary

FSL/FNL \_

FSL/FNL \_

. FSL/FNL \_\_\_\_\_ FEL/FWL \_

.FEL/FWL

FEL/FWL \_

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<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.

5200			
OPERATOR: License # 5208  Name: EXXONMOBIL OIL CORPORATION	. Well Location:		
Name: EXXONMOBIL OIL CORPORATION Address 1: P. O. BOX 4358	SE Sec. 32 Twp.26 S. R. 36 Eas X West		
	County: Kearny		
Address 2:	Lease Name: EARLOUGHER Well #: 1-3 INF		
City: HOUSTON State: TX Zip: 77210 + 4358 Contact Person: ADAM SCOTT	If filing a Form T-1 for multiple wells on a lense, enter the legal descrip the lease below:		
Phone: ( 713 431-)859 Fax: ( 713 431-1475	T026S - R036W: SEC 032 All		
Email Address: adam.e.scott@exxonmobil.com			
Surface Owner Information:			
Name: See Attached	When filing a Form T.1 lovolving multiple surface owners, attach an additional		
Address 1:	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		
Address 2:	county, and in the real estate property tax records of the county treasurer.		
City: State: Zip:+			
Select one of the following:  X I certify that, pursuant to the Kansas Surface Owner Notice A owner(s) of the land upon which the subject well is or will be k	ocated: 1) a copy of the Form C-1, Form CB-1, Form T-1, or Form		
CP-1 that I am filing in connection with this form; 2) if the form form; and 3) my operator name, address, phone number, fax, a	being filed is a Form C-1 or Form CB-1, the plat(s) required by this		
I have not provided this information to the surface owner(s). I a KCC will be required to send this information to the surface ownersk, I acknowledge that I am being charged a \$30.00 handling	cknowledge that, because I have not provided this information, the vner(s). To mitigate the additional cost of the KCC performing this fee, payable to the KCC, which is enclosed with this form.		
If choosing the second option, submit payment of the \$30.00 handling form and the associated Form C-1, Form CB-1, Form T-1, or Form CP-	fee with this form. If the fee is not received with this form, the KSONA-1 1 will be returned.		
I hereby certify that the statements made herein are true and correct to	the best of my knowledge and belief.		
I hereby certify that the statements made herein are true and correct to  Date: 6/15/2013 Signature of Operator or Agent: M. Michae			
W Wieha	el M/Nultu Bogional Land Manager		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202 JUN 1 8 2013

### **Surface Owners**

API#:	15093214240001	Lease Name: _	EARLOUGH	ER	Well #:1-3 INF
Own	er Name: TATE, GEORGE	H & JUDY B			
	Address: PO BOX 69				
	City: LAKIN	State:	KS Zip:	67860	
	er Name:				
	Address:				
	City:	State:	Zip	:	
Own	er Name:				
,	Address:				
	City:	State:	Zip:		
Owne	er Name:				
	Address:				
	City:	State:	Zip:		
	er Name: Address:				
	City:	State:	Zip:		

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