## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

• 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,

Check Applicable Boxes: MOST be submit	itted with this form.			
Oil Lease: No. of Oil Wells***	Effective Date of Transfer:			
X Gas Lease: No. of Gas Wells	KS Dept of Revenue Lease No.: 201117			
Gas Gathering System:	Lease Name: ELLIS			
Saltwater Disposal Well - Permit No.:				
Spot Location: feet from N / S Line				
feet from E / W Line	Legal Description of Lease:			
Enhanced Recovery Project Permit No.:	T032S - R037W: SEC 015 All			
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.:	leet from N / S Line of Section			
(API No. if Drill Plt, WO or Haul)				
Type of Pit: Emergency Burn Settling	Haul-Off   Workover 20   Drilling			
Type of Fit. Emergency Bottle Setting	Haul-Oil Wolkover / Dilling			
Past Operator's License No	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: Andrew D. Cole COLONIER			
	KCC WICHII			
Now Operator's Linguist No. 32864	RCC WICHII			
New Operator's License No. 32864	Contact Person: BRENDA WALLER JUN 18 2013			
New Operator's Name & Address: XTO ENERGY INC.	Contact Person: BRENDA WALLER JUN 18 2013  Phone: 405-319-3259 RECEIVED			
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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  JUN 18 2013  Phone: 405-319-3259  Cil / Gas Purchaser: ONEOK FIELD SERVICES  Date: 05/31/2013  Signature: Douglas C. Schultze			
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#### Must Be Filed For All Wells

Lease Name	ELLIS - Location: 15 32 371 ₩ N €					
Well No.	API No. (YR DRLD/PRE '67)		Footage from Section Line (i.e. FSL = Feet from South Line)		Well Status (PROD/TA'D/Abandoned)	
3	15189002410000	2640FSL	2640FEL	GAS	ACTIVE	
	_				_	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FSL/FNL	FEUFWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEUFWL	-		
		FSL/FNL	FEL/FWL			
	-	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	- A - A - A - A - A - A - A - A - A - A	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
	Management of the contract of	FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
		FSL/FNL	FEL/FWL			
·····································	to the committee of the control of t		FEL/FWL			
		FSL/FNL	FEL/FWL			
			FEL/FWL		KCC WICHITA	
					JUN 1 8 2013	

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 háy 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.

Select the corresponding form being file	ed: C-1 (Intent) CB-1 (Cathodic Protect	Ion Boxehole Intent) XT-1 (Transfer) CP-1 (Plugging Application)
OPERATOR: Licerse # 5208 Name: EXXONMOBIL OIL CORPORATIO		ntion: <i>N≦</i>
Address 1: P. O. BOX 4358		Stevens
Address 2:		me: ELLIS Well #: 3
City: HOUSTON State: TX	4000	
Contact Person: ADAM SCOTT	the lease	Form 1-1 for multiple wells on a lease, enter the legal description of below:
Phone: ( 713 431- 1854 Fax: (	713 431-1475 T032S -	R037W: SEC 015 All
Email Address: adam.e.scott@exxonmob		
Surface Owner Information:		
Name: See Attached	When this	g a Form T-1 involving multiple surface owners, attach an additional
Address 1:	sheet listi	ng all of the information to the left for each surface owner. Surface ormation can be found in the records of the register of deeds for the
Address 2:	county, ar	nd 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 to CP-1 that I am filing in connection	the subject well is or will be located: 1) a r	ill 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 iress.
KCC will be required to send this	information to the surface owner(s). To n	that, because I have not provided this information, the itigate the additional cost of the KCC performing this to the KCC, which is enclosed with this form.
If choosing the second option, submit pay form and the associated Form C-1, Form		form. If the fee is not received with this form, the KSONA-1 med.
I hereby certify that the statements made	herein are true and correct to the best of r	ny knowledge and belief.
Date: 6/15/2013 Signature of Op	erator or Agent:	Title: Regional Land Manager
API # :15189002410000	KDOR #201117	KCC WICHITA

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

JUN 18 2013

RECEIVED

#### **Surface Owners**

API#:	15189002410000	Lease Name: _	ELLIS			Well #: <u>3</u>	_
Owr	ner Name: GILLESPIE, MILT	ON L					
	Address: 2030 ST HWY 25						
	City: HUGOTON	State:	KS	Zip:	67951-8914		
Owi	ner Name: Address:						
	Address.						
	City:	State:		Zip:			
Owi	ner Name:						
	Address:						
	City:	State:		Zip:			
	ner Name: Address:						
	City:	State:		Zip:			
	ner Name:						
	Address:						
	City:	State:		Zip:			

KCC WICHITA
JUN 18 2013
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